

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04503

1. Entity Name

SANDALFOOT PLAZA PROPERTY ASSOCIATION, INC.

Principal Place of Business

7685 LAKE WORTH ROAD  
LAKE WORTH FL 33467

Mailing Address

7685 LAKE WORTH ROAD  
LAKE WORTH FL 33467

2. Principal Place of Business

H-T Brown Florida

3. Mailing Address

7685 Lake Worth Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Worth, Florida

City & State

FLORIDA

Zip

33467

Country

Palm Beach

Zip

33467

Country

Palm Beach

6. Name and Address of Current Registered Agent

CRANE, ROBERT L  
515 N. FLAGLER DRIVE  
SUITE 1800  
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name  
Kassandra L. Lower  
Street Address (P.O. Box Number is Not Acceptable)  
7685 Lake Worth Road  
City  
Lake Worth  
FL  
Zip Code  
33467

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Kassandra Lower Secretary*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-29-00  
DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, HARRY 7685 LAKE WORTH ROAD LAKE WORTH FL 33467	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP OBERLINK, PETER C 461 PARK AVENUE SOUTH NEW YORK NY 10016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LOWER, KASANDRA 7685 LAKE WORTH ROAD LAKE WORTH FL 33467	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Kassandra Lower*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-00 (561) 433-3500  
Date Daytime Phone #

FILED  
May 09, 2000 8:00 am  
Secretary of State

05-09-2000 90101 034 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)