

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002831

1. Entity Name

THE FOSSILS OF SANIBEL, INC.

Principal Place of Business

1633 PERIWINKLE WAY
SUITE A
SANIBEL FL 33957

Mailing Address

1633 PERIWINKLE WAY
SUITE A
SANIBEL FL 33957

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BOYCE, KENNETH J
1633 PERIWINKLE WAY
SUITE A
SANIBEL FL 33957

4. FEI Number

65-0591709

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 PD
NAME BOYCE, KENNETH J
STREET ADDRESS 2007 PERIWINKLE WAY
CITY-ST-ZIP SANIBEL FL 33957 ☐ Delete

TITLE D
NAME MURTY, TIMOTHY J
STREET ADDRESS 1633 PERIWINKLE WAY
CITY-ST-ZIP SANIBEL FL 33957 ☐ Delete

TITLE STD
NAME ROBERTS, BELA F
STREET ADDRESS 1981 PERIWINKLE WAY
CITY-ST-ZIP SANIBEL FL 33957 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE EXPIRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/01 941 472 1000

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90021 028 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)