

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002193

1. Entity Name

SANCTUARY LANE INC.

(R)

Principal Place of Business

2588 AMAYA TERRACE  
LAKE MARY FL 32746  
US

Mailing Address

2588 AMAYA TERRACE  
LAKE MARY FL 32746-2385  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SILVEZ, SR. D  
2588 AMAYA TERRACE  
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

Name

DAVID S. SILVEY SR

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

2588 AMAYA TERRACE

City

LAKE MARY

FL

Zip Code

32746

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

*David S. Silvey, Sr.*

5-20-00

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	D	<input type="checkbox"/> Delete
NAME	SILVEY, DAVID S	
STREET ADDRESS	2588 AMAYA TERRACE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOILETT, RICK	
STREET ADDRESS	1711 PINE RIDGE RD	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRIAN, MARGARET	
STREET ADDRESS	3507 CURTIS DR	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:

*David S. Silvey, Sr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-20-00 (407) 321-4109

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED  
Jun 20, 2000 8:00 am  
Secretary of State

06-20-2000 90010 045 \*\*\*\*61.25

CR2E037 (9/95)