

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002949

1. Entity Name

SANAN FAMILY FOUNDATION, INC.

Principal Place of Business

1766 BEVILLE RD.  
CLEARWATER FL 34625-1501

Mailing Address

1766 BEVILLE RD.  
CLEARWATER FL 34625-1501

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3447773

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HENDEE, BRETT  
100 SOUTH ASHLEY DRIVE STE 1770  
TAMPA FL 33602

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 SANAN, SATISH K ☐ Delete  
STREET ADDRESS 1766 BEVILLE RD.  
CITY-ST-ZIP CLEARWATER FL

TITLE VPDT  
NAME SANAN, ANNE ☐ Delete  
STREET ADDRESS 1766 BEVILLE RD.  
CITY-ST-ZIP CLEARWATER FL

TITLE SD  
NAME PATEL, DILIP ☒ Delete  
STREET ADDRESS 26750 US HIGHWAY 19 N STE 500  
CITY-ST-ZIP CLEARWATER FL 34621-3442

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition  
NAME SD  
STREET ADDRESS BRETT HENDEE  
CITY-ST-ZIP 100 SOUTH ASHLEY DR STE 1770  
TAMPA, FL 33602

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

TITLE ☐ Change ☐ 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:

SIGNATURE *Anne Sanan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01 (727) 725-1699  
Date Daytime Phone #

FILED  
Apr 28, 2001 8:00 am  
Secretary of State

04-28-2001 90054 047 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)