

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90182 015 ***150.00

DOCUMENT # P00000031511

1. Entity Name

SANLANDO HOLDINGS, INC.

Principal Place of Business

**2100 W. SR. 434 SUITE C
 LONGWOOD FL 32779**

Mailing Address

**2100 W. SR. 434 SUITE C
 LONGWOOD FL 32779**

2. Principal Place of Business

1175 SPRING CENTER S. BLVD

3. Mailing Address

1175 SPRING CENTER S. BLVD.

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

SUITE 200

City & State

ALHAMBRA SPRINGS

City & State

ALHAMBRA SPRINGS

4. FEI Number

59-3636808

Applied For

☐ Not Applicable

Zip

32714

Country

SEMINOLE

Zip

32714

Country

SEMINOLE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MAISE, DOUGLAS S
 2100 W. SR. 434 SUITE C
 LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

Name

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

**1175 SPRING CENTER SOUTH BLVD, SUITE 200
 ALHAMBRA SPRINGS FL 32714**

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

Douglas S. Maise **DOUGLAS S. MAISE**

4/28/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MAISE, DOUGLAS S	
STREET ADDRESS	2100 W. SR. 434 SUITE C	
CITY-ST-ZIP	LONGWOOD FL 32779	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1175 SPRING CENTER S. BLVD, #200
STREET ADDRESS	ALHAMBRA SPRINGS, FL 32714
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICE PRESIDENT
STREET ADDRESS	SAME AS ABOVE
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICE PRESIDENT
STREET ADDRESS	CONSTANCE L. MAISE
CITY-ST-ZIP	SAME AS ABOVE
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	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Douglas S. Maise

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/01

Date

407-682-7747

Daytime Phone #

0613572

CR2E034 (10/00)