

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000115981

1. Entity Name
SABAL PALM INN, INC.

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

04-28-2001 90090 013 ***158.75

Principal Place of Business

9250 BAYMEADOWS RD. SUITE 230
JACKSONVILLE FL 32256

Mailing Address

9250 BAYMEADOWS RD. SUITE 230
JACKSONVILLE FL 32256

2. Principal Place of Business

115 5th Avenue South
Suite, Apt. #, etc.

3. Mailing Address

385 Royal Tern Rd. - S
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville Beach, FL

City & State

Ponte Vedra Beach FL

4. FEI Number

59-3687954

Applied For

Not Applicable

Zip

32250

Country

USA

Zip

32082

Country

USA

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, C RANDOLPH
9250 BAYMEADOWS RD, SUITE 230
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name

Daniel J. Wahby

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

385 Royal Tern Rd - South

City

Ponte Vedra Beach FL

Zip Code

32082

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]

Daniel J. Wahby

4/21/2001

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

(NOTE: Registered Agent signature required when resigning)

DATE

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

X

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 | WAHBY, ROBIN | |
| STREET ADDRESS | 385 ROYAL TERN RD S | |
| CITY-ST-ZIP | PONTE VEDRA BEACH FL 32082 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WAHBY, DAN | |
| STREET ADDRESS | 385 ROYAL TERN RD S | |
| CITY-ST-ZIP | PONTE VEDRA BEACH FL 32082 | |
| 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 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 | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | |
| 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:

[Signature]

Daniel J. Wahby

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)