

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90063 021 ***150.00

DOCUMENT # P00000115981

1. Entity Name

SABAL PALM INN, INC.

Principal Place of Business

**115 5TH AVENUE S
 JACKSONVILLE BEACH FL 32250**

Mailing Address

**385 ROYAL TENN ROAD S
 PONTE VEDRA BEACH FL 32082**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3687954

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WAHLBY, DANIEL J *Incorrect spelling of last Name*
**385 ROYAL TENN ROAD SOUTH
 PONTE VEDRA BEACH FL 32082**

7. Name and Address of New Registered Agent

Name **Daniel J. Wahlby**
 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]
 Signature, typed or printed name of registered agent, and title if applicable.

Daniel J. Wahlby

(NOTE: Registered Agent signature required when re-registering)

2/28/02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel J. Wahlby **2/28/02** **(904) 273-5206**

Date

Daytime Phone #

CR2E034 (9/01)