

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90004 032 ***150.00

0657001 AV

DOCUMENT # P01000078248

1. Entity Name
SANDHILL REAL ESTATE, INC.

Principal Place of Business
**2404 RAVENDALE CT.
KISSIMMEE FL 34758**

Mailing Address
**2404 RAVENDALE CT.
KISSIMMEE FL 34758**



2. Principal Place of Business

6220 SOUTH ORANGE TR BLOSSOM

3. Mailing Address

6220 SOUTH ORANGE BLOSSOM TR

Suite, Apt. #, etc.
186

Suite, Apt. #, etc.
186

City & State
ORLANDO FL

City & State
ORLANDO FL

Zip
32809

Country

Zip
32809

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3734123

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LYLEN, IAN J
2345 SAND LAKE RD., SUITE 120
ORLANDO FL 32809**

7. Name and Address of New Registered Agent

Name **ROBERT S. WOOD**
Street Address (P.O. Box Number is Not Acceptable)
6220 SOUTH ORANGE BLOSSOM TRAIL
STE 186
City **ORLANDO** FL Zip **32809**

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 **Robert S. Wood**

(NOTE: Registered Agent signature required when reinstating)

DATE **1.4.02**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELCH, TERRELL H 2404 RAVENDALE CT. KISSIMMEE FL 34758	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELCH, GARY C 2404 RAVENDALE CT. KISSIMMEE FL 34758	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, ROBERT S 1225 POLO CLUB DR., #202 KISSIMMEE FL 34741	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 **Robert S. Wood**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **12/4/02**

DAYTIME PHONE # **407-944-9195**

CR2E034 (9/01)