

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000007165

1. Entity Name
SANDHILL, INC.

NOTE: CHANGES EFFECTIVE APRIL 1, 2000

FILED
Mar 08, 2000 8:00 am
Secretary of State
 03-08-2000 90072 001 ***150.00

Principal Place of Business
 701 N CONGRESS AVE #4
 BOYNTON BCH FL 33426
 US

Mailing Address
 10284 OSPREY TRACE
 WEST PALM BEACH FL 33436-7188
 US **SAME**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 952 Pickfair Terrace
 Suite, Apt. #, etc.
 City & State
 Lake Mary, FL
 Zip
 32746
 Country
 Seminole

3. Mailing Address
 952 Pickfair Terrace
 Suite, Apt. #, etc.
 City & State
 Lake Mary, FL
 Zip
 32746
 Country
 Seminole

4. FEI Number **65-0464411** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MEGRICHIAN, GEORGE G
701 N CONGRESS AVE #4
BOYNTON BCH FL 33426

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
952 Pickfair Terrace
 City **Lake Mary** **FL** Zip Code **32746**

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 **George G. Megrichian** DATE **3/6/2000**
Signature and printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 | PD | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MEGRICHIAN, GEORGE G | | NAME | | |
| STREET ADDRESS | 10284 OSPREY TRACE SOUTH | | STREET ADDRESS | 952 Pickfair Terrace | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33412 | | CITY-ST-ZIP | Lake Mary, FL 32746 | |
| TITLE | STD | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MEGRICHIAN, DONNA W | | NAME | | |
| STREET ADDRESS | 10284 OSPREY TRACE SOUTH | | STREET ADDRESS | 952 Pickfair Terrace | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33412 | | CITY-ST-ZIP | Lake Mary, FL 32746 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
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| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
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| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: **George G. Megrichian** DATE **3/6/2000** DAYTIME PHONE # **561-734-8858**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)