

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90469 046 \*\*\*150.00

**DOCUMENT # P94000027841**

1. Entity Name

**SATER CORPORATION, INC.**

Principal Place of Business

**9220 BONITA BEACH ROAD  
SUITE 108  
BONITA SPRINGS FL 34135  
US**

Mailing Address

**9220 BONITA BEACH ROAD  
SUITE 108  
BONITA SPRINGS FL 34135  
US**

**AUG 14 2001**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**25241 Elementary Way**

3. Mailing Address

**25241 Elementary Way**

Suite, Apt. #, etc.

**Suite 200**

Suite, Apt. #, etc.

**Suite 200**

City & State

**Bonita Springs, Florida**

City & State

**Bonita Springs, Florida**

Zip

**34135**

Country

**US**

Zip

**34135**

Country

**US**

4. FEI Number **65-0483107**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SATER, DAN  
12 TIMBERLAND CIRCLE N  
FT MYERS FL 33919**

7. Name and Address of New Registered Agent

Name

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, 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 **PD** ☐ Delete  
NAME **SATER, DAN**  
STREET ADDRESS **12 TIMBERLAND CIRCLE N**  
CITY-ST-ZIP **FT MYERS FL**

TITLE **V** ☐ Delete  
NAME **CRUMPTON, CHARLIE**  
STREET ADDRESS **9845 CITADEL LANE #101**  
CITY-ST-ZIP **BONITA SPRINGS FL**

TITLE **ST** ☐ Delete  
NAME **SATER, DEBRA**  
STREET ADDRESS **12 TIMBERLAND CIRCLE NORTH**  
CITY-ST-ZIP **FORT MYERS FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]*

**PROB IDENT Dan F. Sater 3/2/01**

**941-495-2104**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0642607