

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000070153

1. Entity Name  
**SANIBEL SOFTWARE, INC.**

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**  
02-28-2001 90045 025 \*\*\*150.00

3 2 8 1 9



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <b>5758 MASTERS</b>		Suite, Apt. #, etc. <b>5758 MASTERS BLVD</b>	
City & State <b>ORLANDO, FL.</b>		City & State <b>ORLANDO, FL.</b>	
Zip <b>32819</b>	Country	Zip <b>32819</b>	Country

4. FEI Number <b>65-0524296</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>JOHNSON, EUGENE A</b> <b>1562 SAND CASTLE RD.</b> <b>SANIBEL FL 33957</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable) <b>5758 MASTERS BLVD.</b>	
		City <b>ORLANDO</b>	FL Zip Code <b>32819</b>

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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>JOHNSON, EUGENE A</b> <b>1674 BUNTING LANE</b> <b>SANIBEL FL 33957</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5758 MASTERS BLVD.</b> <b>ORLANDO FL 32819</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>JOHNSON, LINDA K</b> <b>1674 BUNTING LANE</b> <b>SANIBEL FL 33957</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5758 MASTERS BLVD</b> <b>ORLANDO, FL 32819</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Eugene Johnson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/01 (407) 909-4359  
Date Daytime Phone #

CR2E034 (10/00)