

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000004778**

1. Entity Name

SAND LAKE COVE, INC.**FILED**
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90047 040 ***150.00

630211

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**1051 WINDERLEY PLACE, STE. 307
MAITLAND FL 32751****1051 WINDERLEY PLACE, STE. 307
MAITLAND FL 32751-7249**

2. Principal Place of Business

557 NORTH WYMORE ROAD

Suite, Apt. #, etc.

SUITE 102**CITY & STATE
MAITLAND, FL****Zip
32751****Country
USA**

3. Mailing Address

557 NORTH WYMORE ROAD

Suite, Apt. #, etc.

SUITE 102**CITY & STATE
MAITLAND, FL****Zip
32751****Country
USA**

4. FEI Number

59-3290420

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**GALLIMORE, ELLSWORTH G.
1051 WINDERLEY PLACE
SUITE 307
MAITLAND FL 32751**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

557 NORTH WYMORE ROAD**SUITE 102**

City

MAITLAND, FL**FL**Zip Code
32751

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **GALLIMORE, ELLSWORTH G**
STREET ADDRESS **1051 WINDERLEY PLACE, STE. 307**
CITY-ST-ZIP **MAITLAND FL**TITLE **DVT** ☐ Delete
NAME **GALLIMORE, SHIRLEY P**
STREET ADDRESS **1051 WINDERLEY PLACE, STE. 307**
CITY-ST-ZIP **MAITLAND FL**TITLE **VS** ☐ Delete
NAME **WARD, LOUISE A.**
STREET ADDRESS **1051 WINDERLEY PLACE, STE. 307**
CITY-ST-ZIP **MAITLAND FL**TITLE **V** ☐ Delete
NAME **GALLIMORE, COURTNEY B**
STREET ADDRESS **1051 WINDERLEY PLACE, STE. 307**
CITY-ST-ZIP **MAITLAND FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **557 NORTH WYMORE ROAD, SUITE 102**
CITY-ST-ZIP **MAITLAND, FL 32751**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **557 NORTH WYMORE ROAD, SUITE 102**
CITY-ST-ZIP **MAITLAND, FL 32751**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **557 NORTH WYMORE ROAD, SUITE 102**
CITY-ST-ZIP **MITLAND, FL 32751**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **155 BLACKWELL ROAD**
CITY-ST-ZIP **CAMPOBELLO, SC 29322**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

LOUISE A. WARD, VICE PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/2000

Date

(407) 667-0100

Daytime Phone #

CR2E034 (9/99)