

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000021998

1. Entity Name

SAWGRASS ONE, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90174 028 \*\*\*150.00

Principal Place of Business

9660 W. SAMPLE RD. S-301  
CORAL SPRINGS FL 33065

Mailing Address

9660 W. SAMPLE RD. S-301  
CORAL SPRINGS FL 33065-4041

2. Principal Place of Business

5391 NOB HILL ROAD

3. Mailing Address

5391 NOB HILL ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
SUNRISE, FL 33351

City & State  
SUNRISE, FL 33351

4. FEI Number 65-0577508

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLARD, ALAN B  
9660 W SAMPLE RD S-301  
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name

ALAN B. WILLARD

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

5391 NOB HILL ROAD

City

SUNRISE

FL

Zip Code  
33351

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 of add 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 State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WILLARD, ALAN B	
STREET ADDRESS	9660 W. SAMPLE RD. S-301	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLARD, DANNY	
STREET ADDRESS	9660 W. SAMPLE RD. S-301	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALAN B. WILLARD	
STREET ADDRESS	5391 NOB HILL ROAD	
CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANNY WILLARD	
STREET ADDRESS	5391 NOB HILL ROAD	
CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)