

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000042371

1. Entity Name
SANDOES, INC.

FILED
Jun 22, 2000 8:00 am
Secretary of State

06-22-2000 90049 038 ***550.00

Principal Place of Business
2631-A NW 41ST STREET
GAINESVILLE, FL 32606

Mailing Address
2631-A NW 41ST STREET
GAINESVILLE, FL 32606

00065613

2. Principal Place of Business
1250 SW 43RD PLACE
Suite, Apt. #, etc.

3. Mailing Address
1250 SW 43RD PLACE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
OCALA, FL

City & State
OCALA, FL

4. FEI Number
59-3317914

Applied For
Not Applicable

Zip
34474

Country
USA

Zip
34474

Country
USA

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

6. Name and Address of Current Registered Agent
DOWNEY, KEVIN I
2631 NW 41ST STREET STE A-2
GAINESVILLE, FL 32606

7. Name and Address of New Registered Agent
Name
WILLIAM ALLAN KING
Street Address (P.O. Box Number is Not Acceptable)
7 E. SILVER SPRINGS BOULEVARD
SUITE 500
City
OCALA FL Zip Code
34470

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  WILLIAM ALLAN KING 6/9/00
(Signature, typed or printed name of registered agent and not 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. ☐ **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 NAME STREET ADDRESS CITY-ST-ZIP	D DEATON, JOHN S. D.O. 1500 SE MAGNOLIA EXTENSION STE 106 OCALA, FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARREN, RICHARD C. M.D. 1500 SE MAGNOLIA EXTENSION STE 106 OCALA, FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANK, MARK A. M.D. 1500 SE MAGNOLIA EXTENSION STE 106 OCALA, FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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  6/13/00 352-622-5183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)