FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90151 025 ***150.00

DOCUMENT # P96000098862

1. Entity Name

SAWGRASS COMMERCIAL PARK INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
501 PARK BLVD S Suite, Apt. #, etc.	PO Box 1341 Suite, Apt. #, etc.	
City & State: VENICE, FL	City & State: VENICE, FL	4. FEI Number: 65-0720284 ☐ Applied For ☐ Not Applicable
Zip: 34284 Country:	Zip: 34284-1341 Country:	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ROBERTS, GREGORY C

Street Address (P.O. Box Number is Not Acceptable): 341 VENICE AVE WEST

City: VENICE **FL** Zip Code: 34285

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PSTD
NAME	BURGE. R.M.
STREET ADDRESS	501 S PARK BLVD
CITY-ST-ZIP	VENICE, FL 34285
TITLE	D
NAME	CHISOLM, LEIF
STREET ADDRESS	3004 CORSAIR DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	D
NAME	HAUSLER, MICHELE
STREET ADDRESS	2806 BLUE SPRINGS ROAD
CITY-ST-ZIP	CLEVELAND, TN 37311
TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: R. M. Burge R Max Burge 4/25/02 941-484-4480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #