

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91186 030 ***150.00

DOCUMENT # P96000100318

1. Entity Name
SANDY PINES DEVELOPMENT CORPORATION

Principal Place of Business

**712 PALMETTO AVENUE
 MELBOURNE FL 32901**

Mailing Address

**PO BOX 309
 MELBOURNE FL 32902**

2. Principal Place of Business

3391 BAYSIDE LAKES BLVD

3. Mailing Address

Suite, Apt. #, etc.

City & State

PALM BAY, FL

Zip

Country

Zip

Country

32909

4. FEI Number **59-3423148**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ENGLE, C D

**712 PALMETTO AVENUE
 MELBOURNE FL 32901**

Name

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

City

FL

Zip Code

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, 2002 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 **D** ☐ Delete
 NAME **JEFFERIES, BENJAMIN E**
 STREET ADDRESS **201 EAST NEW HAVEN AVENUE**
 CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **PD** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **3391 BAYSIDE LAKES BLVD.**
 CITY-ST-ZIP **PALM BAY, FL 32909**

TITLE **D** ☐ Delete
 NAME **ENGLE, C. DOUGLAS**
 STREET ADDRESS **201 EAST NEW HAVEN AVENUE**
 CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **STD** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **712 PALMETTO AVE.**
 CITY-ST-ZIP **MELBOURNE, FL 32901**

TITLE **D** ☐ Delete
 NAME **THOMPSON, RONALD**
 STREET ADDRESS **201 EAST NEW HAVEN AVENUE**
 CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **VD** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **3391 BAYSIDE LAKES BLVD.**
 CITY-ST-ZIP **PALM BAY, FL 32909**

TITLE **D** ☐ Delete
 NAME **BOSCO, ALBERT J**
 STREET ADDRESS **201 E NEW HAVEN AVE**
 CITY-ST-ZIP **MELBOURNE FL**

TITLE **VD** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **3391 BAYSIDE LAKES BLVD.**
 CITY-ST-ZIP **PALM BAY, FL 32909**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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 19.07(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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

Daytime Phone #

CR2E034 (9/01)