

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102740

1. Entity Name

T.E. SANDLIN & ASSOCIATES, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90190 032 \*\*\*150.00

Principal Place of Business	Mailing Address
1816 TALBOT AVE JACKSONVILLE FL 32205 US	1816 TALBOT AVE JACKSONVILLE FL 32205-9432 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	59-3564010	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
SANDLIN, SUSAN W 2536 HOLLY POINT ROAD, EAST ORANGE PARK FL 32071

7. Name and Address of New Registered Agent		
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 \_\_\_\_\_ (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	PD <input type="checkbox"/> Delete
NAME	SANDLIN, SUSAN W
STREET ADDRESS	2536 HOLLY POINT ROAD, EAST
CITY-ST-ZIP	ORANGE PARK FL 32073
TITLE	S <input type="checkbox"/> Delete
NAME	SANDLIN, LEIGH A
STREET ADDRESS	4375 CONFEDERATE POINT ROAD
CITY-ST-ZIP	JACKSONVILLE FL 32210
TITLE	VP <input type="checkbox"/> Delete
NAME	SANDLIN, JR, THOMAS E
STREET ADDRESS	2802 DORIC AVENUE
CITY-ST-ZIP	JACKSONVILLE FL 32210
TITLE	T <input type="checkbox"/> Delete
NAME	DEEN, ANNE F
STREET ADDRESS	3918 HERSCHEL STREET
CITY-ST-ZIP	JACKSONVILLE FL 32205
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	<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2535 IROQUOIS AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
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: Susan W. Sandlin, President 4/12/00 (904) 215-9645  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)