

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102740

1. Entity Name  
T.E. SANDLIN & ASSOCIATES, INC.

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90434 049 \*\*\*150.00

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2536 HOLLY POINT Rd, E Suite, Apt. #, etc.	3. Mailing Address 2536 HOLLY POINT Rd, E Suite, Apt. #, etc.
---	---

City & State ORANGE PARK, FL.	City & State ORANGE PARK, FL.
Zip 32073	Zip 32073
County CLAY	County CLAY

4. FEI Number 59-3564010	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	--------------------------------

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 THOMAS E. SANDLIN, JR. Street Address (P.O. Box Number is Not Acceptable) 2536 HOLLY POINT Rd., EAST City ORANGE PARK FL Zip Code 32073
---

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 <u>Thomas E. Sandlin</u> THOMAS E. SANDLIN 4-2-01 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>
--

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	---

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANDLIN, SUSAN W 2536 HOLLY POINT ROAD, EAST ORANGE PARK FL 32073 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANDLIN, LEIGH A 4975 CONFEDERATE POINT ROAD JACKSONVILLE FL 32210 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANDLIN, JR, THOMAS E 2535 IROQUOIS AVE JACKSONVILLE FL 32210 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEEN, ANNE F 3918 HERSCHEL STREET JACKSONVILLE FL 32205 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C of B THOMAS E. SANDLIN, JR. 2536 HOLLY POINT Rd., EAST ORANGE PARK, FL. 32073 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bishop, Leigh A. 8463 Wessex Ct. JACKSONVILLE FL. 32244 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 another like empowered.	
SIGNATURE: <u>Thomas E. Sandlin</u> THOMAS E. SANDLIN 4/2/01 (904) 215-9645 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	

CR2E034 (10/00)