

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000012590

1. Entity Name
SANIBELS K.A.T. INC.

FILED
Aug 09, 2000 8:00 am
Secretary of State

08-09-2000 90082 014 ***550.00

Principal Place of Business

1100 PAR VIEW DR
SANIBEL FL 33957
US

Mailing Address

1100 PAR VIEW DR
SANIBEL FL 33957
US

2. Principal Place of Business

1100 PAR VIEW DR.

3. Mailing Address

1100 PAR VIEW DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANIBEL, FL

City & State

SANIBEL, FL

4. FEI Number

65-0723203

Applied For

Not Applicable

Zip

33957

Country

LEE

Zip

33957

Country

LEE

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

STEELE, KEN
3968 COQUINA DRIVE
SANIBEL FL 33957

Name

KEN STEELE

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

1232 PAR VIEW DR

City

SANIBEL

FL

Zip Code

33957

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

K. Steele

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-11-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME D
STREET ADDRESS STEELE, KEN
CITY-ST-ZIP 3968 COQUINA DRIVE
SANIBEL FL 33957

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

TITLE ☐ Delete
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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 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:

K. Steele

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-11-00 941-472-4394

CR2E034 (5/00)