

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90234 029 \*\*\*150.00

0491862 AV

**DOCUMENT # P97000037575**

1. Entity Name

**1-800-SANIBEL, INC.**

Principal Place of Business

**1715 PERIWINKLE WAY  
 SANIBEL FL 33957**

Mailing Address

**1715 PERIWINKLE WAY  
 SANIBEL FL 33957**

00000922



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2000 Periwinkle way**

3. Mailing Address

**2000 Periwinkle way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Sanibel, FL**

City & State

**Sanibel, FL**

4. FEI Number

**65-0748316**

Applied For

Not Applicable

Zip

Country

**33957**

Zip

Country

**33957**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MC GEE, D TODD  
 2040 VIRIGNIA AVENUE  
 FORT MYERS FL 33901**

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

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

TITLE **PD** ☐ Delete  
 NAME **NAUMANN, DEBORAH K**  
 STREET ADDRESS **1149 PERIWINKLE WAY**  
 CITY-ST-ZIP **SANIBEL FL 33957**

TITLE **STD** ☐ Delete  
 NAME **NAUMANN, JOHN J**  
 STREET ADDRESS **1149 PERIWINKLE WAY**  
 CITY-ST-ZIP **SANIBEL FL 33957**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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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: **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)