FILED

2002 Uniform Business Report (UBR)

SIGNATURE: X

Apr 01, 2002 8:00 am Secretary of State DOCUMENT # P97000070258 1. Entity Name 04-01-2002 90626 034 ***150.00 SANDPIPER REALTY OF THE NATURE COAST, INC. Principal Place of Business Mailing Address 140 N SPORTSMAN POINT 140 N SPORTSMAN POINT INVERNESS FL 34453 **INVERNESS FL 34453** 2. Principal Place of Business 3. Mailing Address BOX62 600 C. GULF TO LAKE Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For NVERNESS FL 59-3465665 INVERNESS Not Applicable COUNTRYS \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KENNETHB. CHANWICK FRANKLIN, THOMAS C Street Address (P.O. Box Number is Not Acceptable) 140 N SPORTSMAN POINT **INVERNESS FL 34453** 3600 E. GULF TO LAKE HWY Zip Code **3/45** 3 INVERNESS 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) TITLE DP Delete TITLE Addition NAME FRANKLIN, THOMAS C # STREET ADDRESS 140 N SPORTSMAN PT STREET ADDRESS CITY-ST-ZIP INVERNESS FL 34453 CITY-ST-ZIP PRESIDENT ☐ Delete TITLE ☐ Change ■ Addition TITLE VENNETH B. CHADWICK 3600 E GULF TO LAKE HWY NAME NAME STREET ADDRESS STREET ADDRESS INVERNESS PL 34453-CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition TITI.E TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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