

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084542

1. Entity Name

AUDITORY ASSOCIATES OF SANIBEL, INC.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90016 028 ***150.00

Principal Place of Business

Mailing Address

1619 PERIWINKLE WAY, STE.101
SANIBEL FL 33957

1619 PERIWINKLE WAY, STE.101
SANIBEL FL 33957-4405



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0787308**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

MURTY, TIMOTHY J
1633 PERIWINKLE WAY, STE. A
SANIBEL FL 33957

Name Barbara Anderson
Street Address (P.O. Box Number is Not Acceptable)
1619 Periwinkle Way #101
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 Barbara Anderson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/05/00

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME BITTING, BARBARA A
STREET ADDRESS 1619 PERIWINKLE WAY, STE.101
CITY-ST-ZIP SANIBEL FL 33957

TITLE D-President ☒ Change ☐ Addition
NAME Barbara Anderson
STREET ADDRESS 1619 Periwinkle Way #101
CITY-ST-ZIP Sanibel FL 33957

TITLE D ☐ Delete
NAME ANDERSON, TRACEY E
STREET ADDRESS 1619 PERIWINKLE WAY, STE.101
CITY-ST-ZIP SANIBEL FL 33957

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

TITLE ☐ Delete
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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: Barbara Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/05/00 941-395-1700

CR2E034 (9/99)