

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90445 021 ***150.00

DOCUMENT # 1

1. Entity Name

SANDY INC
P98000036955

Principal Place of Business

4000 E SR 46
SANFORD FL
32771

Mailing Address

4000 E SR 46
SANFORD, FL 32771

2. Principal Place of Business

4000 E SR 46
Suite, Apt. #, etc.

3. Mailing Address

4000 E SR 46
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SANFORD FL
Zip 32771 Country SEMINOLE

City & State

SANFORD FL
Zip 32771 Country SEMINOLE

4. FEI Number

Applied For

Not Applicable

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

SANDY W GANAS
3227 OHIO AVE
SANFORD, FLORIDA 32773

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, 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	PRESIDENT	<input type="checkbox"/> Delete
NAME	SANDY W GANAS	
STREET ADDRESS	3227 OHIO AVE	
CITY-ST-ZIP	SANFORD FLORIDA 32773	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	SANDY W GANAS	
STREET ADDRESS	4000 E SR 46 3277 OHIO AVE	
CITY-ST-ZIP	SANFORD, FLORIDA 32773	
TITLE	SEC/TRES	<input type="checkbox"/> Delete
NAME	SANDY W GANAS	
STREET ADDRESS	3227 OHIO AVE	
CITY-ST-ZIP	SANFORD, FL 32773	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/2000 407-321-8744

CR2E034 (9/99)