

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027053

1. Entity Name

Sandstar Realty, Inc.

FILED

Sep 18, 2000 8:00 am  
Secretary of State

08-02-2000 90156 001 \*\*\*150.00

Principal Place of Business  
51 Dune Drive  
Santa Rosa Beach,  
FL 32459

Mailing Address  
51 Dune Drive  
Santa Rosa Beach  
FL 32459

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3668367

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

Robert E. McGill, III, P.A.  
36008 Emerald Coast Parkway  
Suite 301  
Destin, FL 32541

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 fee (if applicable)

(NOTE: Registered Agent signature required when reinstating)

7/19/00

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

AR. MAY 15, 2000 Fee will be \$650.00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P/V/T/S/D			
	Paul Neese			
	51 Dune Drive			
	Santa Rosa Beach, FL		32459	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

Paul E. Neese

7-27-00 (850) 865-9260

Date

Daytime Phone #

CR2E034 (9/99)

Attachment  
Doc # P99000027053FACSIMILE TRANSMISSION  
INTERNAL REVENUE SERVICE

108219

ATLANTA SERVICE CENTER  
PO BOX 47-421  
TELE-TEN UNIT STOP 751  
DORAVILLE, GA 30362DATE 09-08-2000 RECD \_\_\_\_\_ TIME \_\_\_\_\_

NAME

FAX NUMBER

PAUL GLENN NEESE - 850-622-9554

IF YOU HAVE ANY QUESTIONS ABOUT ANY FAX RECEIVED FROM OUR  
OFFICE PLEASE CALL US AT (678) 530-7925 OR (678) 530-7902

TOTAL PAGE: 1

COMMENTS: WE HAVE ASSIGNED AN EMPLOYER IDENTIFICATION  
NUMBER FOR THE ENTITY (IES) SHOWN BELOW. YOU SHOULD  
RECEIVE WRITTEN NOTIFICATION OF YOUR EMPLOYER  
IDENTIFICATION NUMBER(S) WITHIN 30 DAYS.

COMPANY NAME:

SANOSTAR REALTY INC

EMPLOYER IDENTIFICATION NUMBER (EIN): 59-3668367

COMPANY NAME:

EMPLOYER IDENTIFICATION NUMBER (EIN):

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