

2000 UNIFORM BUSINESS REPORT, (UBR)

5/1

FILED
Jun 06, 2000 8:00 am
Secretary of State

05-16-2000 90091 035 ***150.00

DOCUMENT # P99000083335

1. Entity Name

SANDPIPER CONDOMINIUM RENTAL CORPORATION

Principal Place of Business

5501 SOUTH ATLANTIC AVENUE
NEW SMYRNA BEACH FL 32169

Mailing Address

5501 SOUTH ATLANTIC AVENUE
NEW SMYRNA BEACH FL 32169-4600

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. EEL Number

59-3601772

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCLOUGHLIN, TOM
4727 VAN KLEECK DRIVE
NEW SMYRNA BEACH FL 32169

7. Name and Address of New Registered Agent

Name **DAVID SATCHEL**

Street Address (P.O. Box Number is Not Acceptable)

624 Selkirk Dr

City **Winter Park**

FL

Zip Code **32792**

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]

4-26-00

Signature, typed or printed name of registered agent and 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

TITLE **D** ☐ Delete
NAME **MCCLOUGHLIN, TOM**
STREET ADDRESS **4727 VAN KLEECK DRIVE**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE **D** ☒ Delete
NAME **LOUGHRAN, LEO**
STREET ADDRESS **5501 SOUTH ATLANTIC AVENUE**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE **D** ☐ Delete
NAME **DELOSSANTOS, MICHAEL**
STREET ADDRESS **1337 SAXON DRIVE**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169-3160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Change ☒ Addition
NAME **DAVID SATCHEL**
STREET ADDRESS **624 Selkirk Dr**
CITY-ST-ZIP **Winter Park FL 32792**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **Tom McLoughlin**
STREET ADDRESS **4727 VAN KLEECK DR**
CITY-ST-ZIP **New Smyrna Beach, FL 32169**

TITLE **Board Member / Secy.** ☐ Change ☒ Addition
NAME **DON BROWN**
STREET ADDRESS **1127 Edgewater Dr**
CITY-ST-ZIP **Orlando, FL 32804**

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

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

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)