

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

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

59-3601772

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

SATCHER, DAVID

624 SALKIRK DR.

WINTER PARK FL 32782

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, 2001 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 DT  
NAME MCLOUGHLIN, TOM ☒ Delete  
STREET ADDRESS 4727 VAN KLEECK DRIVE  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE BMS  
NAME Edward Zander ☐ Change ☒ Addition  
STREET ADDRESS 5501 S. Atlantic Ave  
CITY-ST-ZIP new Smyrna Beach, FL 32169

TITLE P  
NAME SATCHER, DAVID ☐ Delete  
STREET ADDRESS 624 SELKIRK DR  
CITY-ST-ZIP WINTER PARK FL 32792

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

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

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

TITLE BMS  
NAME BROWN, DON ☐ Delete  
STREET ADDRESS 1127 EDGEWATER DR  
CITY-ST-ZIP ORLANDO FL 32804

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

Edward Zander

Edward Zander

Date

Daytime Phone #

FILED  
May 01, 2001 8:00 am  
Secretary of State

05-01-2001 90018 032 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)