

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90173 022 ***550.00

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

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 SELKIRK 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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **P** ☐ Delete
NAME **SATCHER, DAVID**
STREET ADDRESS **624 SELKIRK DR**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **President** ☒ Change ☐ Addition
NAME **David Satcher**
STREET ADDRESS **624 Selkirk Dr.**
CITY-ST-ZIP **Winter Park, FL 32792**

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

TITLE **Secretary** ☒ Change ☐ Addition
NAME **Brown, Don**
STREET ADDRESS **1127 Edgewater Dr**
CITY-ST-ZIP **Orlando, FL 32804**

TITLE **BMS** ☐ Delete
NAME **ZANDER, EDWARD**
STREET ADDRESS **5501 S. ATLANTIC AVE.**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Dixon, Chip**
STREET ADDRESS **1917 Monterey Ave.**
CITY-ST-ZIP **Orlando, FL 32804**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/02 (407) 697-6441

Date

Daytime Phone #

CR2E034 (4/02)