

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101773

1. Entity Name

SANDMAN MOTEL, INC.

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90032 028 \*\*\*150.00

Principal Place of Business  
1080 ESTERO BLVD.  
FT. MYERS BEACH FL 33931

Mailing Address  
1080 ESTERO BLVD.  
FT. MYERS BEACH FL 33931

005073

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
12401 Mc Gregor Palms Dr.  
Suite, Apt. #, etc.  
City & State  
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0964808  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
KROHN, CONSTANCE L  
1080 ESTERO BLVD.  
FT. MYERS BEACH FL 33931

7. Name and Address of New Registered Agent  
Name CONSTANCE L KROHN  
Street Address (P.O. Box Number is Not Acceptable)  
12401 Mc Gregor Palms Drive  
City Ft. Myers FL Zip Code 33908

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 *Constance Lee Krohn* DATE 1-18-01  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE PD	NAME KROHN, CONSTANCE LEE	<input type="checkbox"/> Delete
STREET ADDRESS	1080 ESTERO BLVD.	
CITY-ST-ZIP	FT. MYERS FL 33931	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	NAME CONSTANCE LEE KROHN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	12401 Mc Gregor Palms Drive	
CITY-ST-ZIP	Fort Myers FLORIDA 33908	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 or without other like empowered.

SIGNATURE: *Constance Lee Krohn* DATE 1-8-01 9414318177  
Signature typed or printed name of signing officer or director

0388990

CR2E034 (10/00)