

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**  
 05-02-2002 90126 037 \*\*\*150.00

016012 AV

**DOCUMENT # S08863**

**1. Entity Name**  
**SANDLAKE TRAVEL, INC.**

**Principal Place of Business**

**7516 UNIVERSAL BLVD**  
**ORLANDO FL 32819**

**Mailing Address**

**7516 UNIVERSAL BLVD**  
**ORLANDO FL 32819**

**2. Principal Place of Business**

**3845 SALMON DR.**  
 Suite, Apt. #, etc.  
**G.**

**3. Mailing Address**

**P.O. Box 590**

**City & State**

**ORLANDO FL**

**City & State**

**WINDERMERE FL**

**Zip**

**Country**

**32835**

**USA**

**Zip**

**Country**

**34786**

**USA**

**4. FEI Number**

**59-3034915**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**COACHMAN, FRANCIS SMITH**  
**7516 UNIVERSAL BLVD**  
**ORLANDO FL 32819**

**7. Name and Address of New Registered Agent**

**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, 2002 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** ☐ Delete  
**NAME** **COACHMAN, JUDITH N**  
**STREET ADDRESS** **3845 SALMON DRIVE**  
**CITY-ST-ZIP** **ORLANDO FL 32835**

**TITLE** **VST** ☐ Delete  
**NAME** **COACHMAN, FRANCIS SMITH**  
**STREET ADDRESS** **3845 SALMON DRIVE**  
**CITY-ST-ZIP** **ORLANDO FL 32835**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
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**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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**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:**

**COACHMAN, FRANCIS SMITH**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/02**

**407-929-5429**  
 Daytime Phone #

CR2E034 (9/01)