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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # \$22019

SANDLER PROPERTIES, INC.										
	OMINDEL	T T TO CITALO, INO.	·				Laboribio 140 aurib 21071 del	DI IIDIB IEII BIBII I	ALBIN BUBUK ALBIN BI	A (1 81311 1881
Principal Place of Business Mailing Address								• • • • • • • • • • • • • • • • • • • •		317 G1971 100 1
	106 S. FIFTH AVENUE 106 S. FIFTH AVENUE									
SUITE B SUITE B WAUCHULA FL 33873 WAUCHULA FL 33873							DO NOT WRITE IN THIS SPACE			
WAUCHULA FL 33873 WAUCHULA FL 33873					3. Date Incorporated or Qualifed			fed		
							12/31/1990			
2.	Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		App	lied For
21			26				59-3074231			Applicable
	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	d 🗀	\$8.75 Ac	
22		27 City & Store								
\vdash	City & State	, — <u> </u>					Election Campaign Financi Trust Fund Contribution	uð □	\$5.00 N Added to	
23	Zip	Country		Country	,		8. This corporation owes the			71 003
24	Σiμ	25	29 30	- ´			Personal Property Tax.	ourront your in		□No
24	9. Name and Address of Current Registered Agent						10. Name and Address of Ne	w Registered	Agent	
8					Name			_		
	MCKIBBEN, JEFF J.					Addres	ss (P.O. Box Number is Not Acc	entable)		
106 S. FIFTH AVENUE					Street	Audice				
SUITE B							,			
WAUCHULA FL 33873					City				85 Zip C	ode
		•		84	1			Fl	_	
1	Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named	corpor	ation submits this statement for	the purpose of ccept the appor	f changing its r intment as red	registered iistered
1	agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes	3.	oradon.	a bodie of directors . Hereby Ex			
s	GNATURE							DATE		
1:		Signature, typed or printed name of registered agent a OFFICERS AND		ngistered Age	nt signature	required v	when reinstating) ADDITIONS/CHANGES TO		ND DIRECTOR	RS IN 12
TIT		PD	☐ DELETE	1.1 TITLE		T			Change	Addition
)	ME	A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		1.2 NAME						
	REET ADDRESS	POST OFFICE BOX 3965		1.3 STREE	T ADDRESS					
١	Y-ST-ZIP	FT MYERS FL 33918-3965	ļ	1.4 CITY-S		Ì				
	LE	VSD	☐ DELETE	2.1 TITLE					X Change	☐ Addition
N/	ME .	SANDLER, STEVEN N	!	2.2 NAME						
ST	REET ADDRESS	6000 HIGHWAY 98 WEST	ı	2.3 STREE	TADDRESS	Pos	t Office Box 3093	3		
Ci	ry-st-zip	FROSTPROOF FL 33843		2.4 CITY-	ST-ZIP	Ft.	Myers FL 339	918-3093		
111	Œ.	VD	☐ DELETE	3.1 TITLE			·		☐ Change	☐ Addition
N/	ME	SANDLER, HOWARD M		32 NAME						
ST	REET ADDRESS	BOX 512, PEABODY COLLEGE		3.3 STREE	TADORESS					
cr	Y-ST-ZIP ·	NASHVILLE TN 37203		3.4. CITY-	ST-ZIP					C Audition
11	LE .	•	☐ DELETE	4.1 TITLE					Change	Addition
N.A	ME		•	4. 2 NAME						
ST	REET ADDRESS				TADDRESS					
	Y-ST-ZIP			4.4 CITY-5	T-ZIP	ļ			☐ Change	Addition
τη	UE (1	☐ DELETE	5.1 TITLE					□ Criange	
ĺ	ME			5.2 NAME	TADDRESS					
	REET ADDRESS			5.4 CITY-S						
$\overline{}$	ry-st-zip	44 (2 E) 38 (V	☐ DELETE	6.1 TITLE	2) * LIF	· 			Change	Addition
TI	LE TOTAL	প্ৰায়ণ হাতি আকলে। তেওঁ	□ DELETE	0., 11,02						

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SELLA SE SOURCE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LEILA K. SANDLER