

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90206 025 \*\*\*150.00

**DOCUMENT # S92785**

1. Entity Name

**ANN SANFORD INVESTMENTS, INC.**

Principal Place of Business

11714 US HWY 98 WEST  
 #C & D  
 DESTIN FL 32541  
 US

Mailing Address

ANN SANFORD INVESTMENTS INC  
 P.O. BOX 1896  
 DESTIN FL 32540  
 US

2. Principal Place of Business

3. Mailing Address

**Ann Sanford Investments, Inc.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**P.O. Box 6756**

DO NOT WRITE IN THIS SPACE

City & State

City & State  
**Destin, FL**

4. FEI Number

**59-3093961**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32550**

**US**

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

**KRAEMER, MARY K**  
**36474 EMERALD COAST PARKWAY**  
**SUITE 4101**  
**DESTIN FL 32541**

Name

**KRAEMER, MARY K.**

Street Address (P.O. Box Number is Not Acceptable)

**607 Highway 98 East**

City **DESTIN**

**FL**

Zip Code

**32541**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAYMOND, SHIRLEY S 1467 OAKMONT PLACE NICEVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RAYMOND, DAVID S 1467 OAKMONT PLACE NICEVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PECORE, CARA A 223 DOMINICA CIRCLE E NICEVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PECORE, CHRISTOPHER M 223 DOMINICA CIRCLE E NICEVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEAMES, BILLY E 1459 EMERALD BAY DRIVE DESTIN FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DEAMES, MARILYN K 1459 EMERALD BAY DRIVE DESTIN FL	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSP RAYMOND, SHIRLEY S. 1467 Oakmont Place Niceville, FL 32578	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO RAYMOND, DAVID S. 1467 Oakmont Place Niceville, FL 32578	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIMOTHY D. GOSSETT 129 Wright Circle Niceville, FL 32578	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**CARA A PECORE, TREASURER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)