2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # V26494** May 19, 2000 8:00 am Secretary of State 1. Entity Name SWISS SANIBEL, INC. 05-19-2000 90056 049 ***150.00 Principal Place of Business Mailing Address C/O SWISS AMERICAN INVESTMENT CORPORATION % SWISS AMERICAN INVESTMENT CORPORATION 1235 WINDING OAKS CIRCLE 1235 WINDING OAKS CIRCLE VERO BEACH FL 32963 VERO BEACH FL 32963-4025 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0368611 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent-6. Name and Address of Current Registered Agent Name BAERLOCHER, ROLF Street Address (P.O. Box Number is Not Acceptable) ATTN: ROLF BAERLOCHERCLE 1235 WINDING OAKS CIRCLE VERO BEACH FL 32963 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. ame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Signature, typed or FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to eatisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Change Addition TITLE ☐ Delete TITLE BAERLOCHER, R NAME NAME 1235 WINDING OAKS CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 ☐ Change ☐ Addition ☐ Delete TITLE TITLE SUTTER, HANS ULRICH NAME STREET ADDRESS AVE. DU LIGNON 41 STREET ADDRESS 1219 GENEVA, SWITZERLAND CITY-ST-ZIP CITY_ST-ZIP Delete TILE ____ Change_ Addition TITLE **BRION, JACQUES** NAME NAME 19853 198TH WAY NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER FL 33458 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME

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 appreciate the proposed of the corporation of the corp

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 05-01-68
Date Daytime Phone #