

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V26494

1. Entity Name

SWISS SANIBEL, INC.

FILED

May 10, 2001 8:00 am  
Secretary of State

05-10-2001 90136 030 \*\*\*150.00

Principal Place of Business

C/O SWISS AMERICAN INVESTMENT CORP  
1235 WINDING OAKS CIRCLE  
VERO BEACH FL 32963  
US

Mailing Address

C/O SWISS AMERICAN INVESTMENT CORP  
1235 WINDING OAKS CIRCLE  
VERO BEACH FL 32963  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0368611

Applied For

Not Applicable

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

BAERLOCHER, ROLF  
ATTN: ROLF BAERLOCHER  
1235 WINDING OAKS CIRCLE  
VERO BEACH FL 32963

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, 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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
ST	BAERLOCHER, R	1235 WINDING OAKS CIRCLE	VERO BEACH FL 32963	<input type="checkbox"/>
C	SUTTER, HANS ULRICH	AVE. DU LIGNON 41	1219 GENEVA, SWITZERLAND	<input type="checkbox"/>
VP	BRION, JACQUES	19853 198TH WAY NORTH	JUPITER FL 33458	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-30-01

CR2E034 (10/00)