

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V35816

1. Entity Name
SANDPHIL PROPERTIES, INC.

Principal Place of Business

1916 SANDPHIL RD
SARASOTA FL 34232
US

Mailing Address

1601 KEN THOMPSON PKWY.
SARASOTA FL 34238
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

319 Royal Flamingo Dr W

Sarasota, FL

34236

6. Name and Address of Current Registered Agent

SMITH, PETER
1601 KEN THOMPSON PKWY
SARASOTA FL 34236

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
WHIPP, NORMA C
1601 KEN THOMPSON PKWY. 319 Royal Flamingo Dr W
SARASOTA FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SMITH, PETER
1601 KEN THOMPSON PKWY
SARASOTA FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AT
SAVAGE, MARCIA
1601 KEN THOMPSON PKWY
SARASOTA FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01 941-957-0486
Date Daytime Phone #

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90191 020 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)