

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V48612

1. Entity Name

S.A.S. REALTY CORP

Principal Place of Business

Mailing Address

995 MILLER DRIVE
ALTAMONTE SPRINGS FL 32701

995 MILLER DRIVE
ALTAMONTE SPRINGS FL 32701-2073

2. Principal Place of Business

641 MAPLE OAK CIRCLE

3. Mailing Address

641 MAPLE OAK CIRCLE

Suite, Apt. #, etc.

UNIT 121

Suite, Apt. #, etc.

UNIT 121

City & State

ALTAMONTE SPRINGS, FL

City & State

ALTAMONTE SPRINGS, FL

Zip

32701

Country

USA

Zip

32701

Country

USA

4. FEI Number

59-3107958

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHEELE, PAUL
748 LAKE HOWELL ROAD
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name

ANTONIO LEMUS, CPA

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

112 MARCIA DRIVE

City

ALTAMONTE SPRINGS

FL

Zip Code

32714

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 when applicable.

ANTONIO LEMUS

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/00

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, 2000 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 P ☒ Delete

NAME SCHEELE, PAUL
STREET ADDRESS 748 LAKE HOWELL RD
CITY-ST-ZIP MAITLAND FL 32751

TITLE ST ☒ Delete

NAME AZEVEDO, FRANCES
STREET ADDRESS 12 CARCOS ESTATES DR
CITY-ST-ZIP BERKLEY MA

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Change ☒ Addition

NAME DANNY WILLIAMS
STREET ADDRESS P.O. BOX 154
CITY-ST-ZIP ELM MOTT, TX 76640

TITLE VD ☐ Change ☒ Addition

NAME ELEANOR ALDERSON
STREET ADDRESS 8721 10TH STREET, NORTH
CITY-ST-ZIP ST. PETERSBURG, FL 33702-2933

TITLE STD ☐ Change ☒ Addition

NAME GEORJEANA CASSELMAN
STREET ADDRESS 641 MAPLE OAK CIRCLE, UNIT 121
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 any other like empowered.

SIGNATURE:

DANNY WILLIAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1700 area 254
829-2479

CR2E034 (9/99)