

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008896

**Entity Name:** SACHEL'S LAST RESORT, INC.

**Current Principal Place of Business:**

8101 COASH ROAD  
SARASOTA, FL 34241

**Current Mailing Address:**

8101 COASH ROAD  
SARASOTA, FL 34241 US

**FEI Number:** 04-3585931

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KNOEBEL, PAGE M  
4118 WINDEMERE PLACE  
SARASOTA, FL 34231 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PD  
Name KNOEBEL, PAGE M  
Address 4118 WINDEMERE PLACE  
City-State-Zip: SARASOTA FL 34231

Title PD  
Name KNOEBEL, DAVID  
Address PO BOX 312  
City-State-Zip: ELYSBURG RI 17824

Title SD  
Name HARVOTH, SUE  
Address 730 W 66TH AVE  
City-State-Zip: MERRILLVILLE IN 46410

Title TD  
Name EASTMAN, IRIS  
Address 8101 COASH ROAD  
City-State-Zip: SARASOTA FL 34241

Title DIRECTOR  
Name CHAIKIN, PHILIP  
Address 1810 MEADOWOOD STREET  
City-State-Zip: SARASOTA FL 34231

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAGE KNOEBEL

**PRES**

**02/07/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date