

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90360 020 ***150.00

DOCUMENT # P00000060955
1. Entity Name
Sabal Palms of Florida, Inc.

102001

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7230 N.W. 80th Court	3. Mailing Address 7230 N.W. 80th Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Okeechobee, FL	City & State Okeechobee, FL	4. FEI Number 65-1019858	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip 34972	Country Okeechobee	Zip 34972	Country Okeechobee	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Fulford, Nancy A.**

Street Address (P.O. Box Number is Not Acceptable)
7230 N.W. 80th Court

City **Okeechobee** **FL** Zip Code **34972**

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 *Nancy Fulford* **Nancy A. Fulford, President** 3/15/02
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) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Fulford, Nancy A. 7230 N.W. 80th Court Okeechobee, FL 34972	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Fulford, Bobby J. 7230 N.W. 80th Court Okeechobee, FL 34972	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Nancy Fulford* **Nancy A. Fulford, President** 3/15/02 **863-467-5912**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)