

2002 UNIFORM BUSINESS REPORT (UBR)

0496889

DOCUMENT # P96000077308
 1. Entity Name
SABAL GOLF OF WEST FLORIDA CORP.

FILED
02 JAN 28 PM 4:45

Principal Place of Business Mailing Address
255 EAST FLAGLER STREET **3347 SABAL SPRINGS BLVD**
MIAMI FL 33131 **N. FORT MYERS FL 33917**



REINSTATEMENT 02

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 Applied For
65-0980772 Not Applicable
 5. Certificate of Status Desired. **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SHOMAR, JOSEPH P
5190 NW 167TH STREET
SUITE 111
MIAMI FL

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 _____ (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, 2002 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	P KARIM, JEBAL P 3347 SABAL SPRINGS BLVD. N. FORT MYERS FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLARAMONTE, FATIMA J 255 EAST FLAGLER ST., STE 300 MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOPEZ, MARIA-ELENA E 255 EAST FLAGLER STREET MIAMI FL 33131
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500004851645-3 -01/31/02--01090--001 ***852.50 ***158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

1/23/02 **(941) 731-2191**
 Date Daytime Phone #

CR2E034 (9/01)