

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90095 008 ****61.25

DOCUMENT # 728937

1. Entity Name

SAND CASTLE I ASSOCIATION, INC.

Principal Place of Business

Mailing Address

20000 GULF BLVD.
 INDIAN SHORES FL 33785

C/O PAREKH. COMMONS. & CO.
 2700 EAST BAY DRIVE #107
 LARGO FL 33771

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

59-1561279

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fees Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NABORS, DALE
706 SOUTH LOIS AVENUE
TAMPA FL 33609

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DP CROWLEY, KATHLEEN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	19050 CORAL GABLES SOUTHFIELD MI 48076	
TITLE NAME	VPD WEBER, DICK	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1535 FISHING DRIVE ODESSA FL 33556	
TITLE NAME	TD NABORS, DALE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	706 SOUTH LOIS AVENUE TAMPA FL 33609	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME	Secretary M.W. DeLaney	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	1834 Pine Tree Trenton, MI 48183	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Travis 27 Feb 01

Date

Daytime Phone #

CR2E037 (10/00)