

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90371 049 ****61.25

DOCUMENT # 728937

1. Entity Name

SAND CASTLE I ASSOCIATION, INC.

Principal Place of Business

**20000 GULF BLVD.
 INDIAN SHORES FL 33785**

Mailing Address

**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 Fee Required

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 **DP** Delete
 NAME **CROWLEY, KATHLEEN**
 STREET ADDRESS **19050 CORAL GABLES**
 CITY-ST-ZIP **SOUTHFIELD MI 48076**

TITLE **D** Change Addition
 NAME **Perez, Gerry**
 STREET ADDRESS **3304 Ivy Street**
 CITY-ST-ZIP **Tampa, FL 33607**

TITLE **VPD** Delete
 NAME **WEBER, DICK**
 STREET ADDRESS **1535 FISHING DRIVE**
 CITY-ST-ZIP **ODESSA FL 33556**

TITLE **D** Change Addition
 NAME **Thomas, Mary**
 STREET ADDRESS **3-224 Kingswood Drive**
 CITY-ST-ZIP **Kitchener, Ontario N2E 2K2**

TITLE **TD** Delete
 NAME **NABORS, DALE**
 STREET ADDRESS **706 SOUTH LOIS AVENUE**
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE **Canada** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **DELANEY, M.W.**
 STREET ADDRESS **1834 PUNE TREE**
 CITY-ST-ZIP **TRENTON MI 48183**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 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: *Charles Dale Nabors* **Charles Dale Nabors** **21 Apr 02** **813-289-0645**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)