

# 2001 UNIFORM BUSINESS REPORT (UBI)

**FILED**  
**Aug 09, 2001 8:00 am**  
**Secretary of State**

07-25-2001 90007 037 \*\*\*\*61.25

DOCUMENT # 736064

1. Entity Name

SANDS POINT CONDOMINIUM II, INC.

Principal Place of Business

8361 SANDS POINT BLVD.  
TAMARAC FL 33321

Mailing Address

8361 SANDS POINT BLVD.  
TAMARAC FL 33321

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

59-1725394

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

ALLISON, ARNOLD A  
8350 SANDS POINT BLVD  
APT F-102  
TAMARAC FL 33321

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 of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25

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 D ☒ Delete  
NAME CARGILLO, DOROTHY  
STREET ADDRESS 8350 SANDS POINT BLVD  
CITY-ST-ZIP TAMARAC FL 33321

TITLE LORI CHESTER ☒ Change ☐ Addition  
NAME 8350 SANDS POINT BLVD  
STREET ADDRESS TAMARAC, FL 33321  
CITY-ST-ZIP PRESIDENT

TITLE SD ☒ Delete  
NAME ALLISON, ARNOLD  
STREET ADDRESS 8390 SANDS PT. BLVD.  
CITY-ST-ZIP TAMARAC FL 33321

TITLE SECRETARY ☒ Change ☐ Addition  
NAME JOHN YANDOLI  
STREET ADDRESS 8350 SANDS POINT BLVD  
CITY-ST-ZIP TAMARAC, FL 33321

TITLE SD ☐ Delete  
NAME GLASS, JOEL  
STREET ADDRESS 8390 SANDS POINT BLVD  
CITY-ST-ZIP TAMARAC FL 33321

TITLE TREASURER ☒ Change ☐ Addition  
NAME MORTIMER RITZ  
STREET ADDRESS 8350 SANDS POINT BLVD  
CITY-ST-ZIP TAMARAC FL 33321

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE BOARD MEMBER ☐ Change ☒ Addition  
NAME ROBERT GODEK  
STREET ADDRESS 8390 SANDS POINT BLVD  
CITY-ST-ZIP TAMARAC FL 33321

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE BOARD MEMBER ☐ Change ☐ Addition  
NAME BETTY ROSENBLATT  
STREET ADDRESS 8390 SANDS POINT BLVD  
CITY-ST-ZIP TAMARAC FL 33321

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: MORTIMER RITZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/01 954-721-8735  
Date Daytime Phone

CR2037 (5/01)