2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

MATUREAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED **DOCUMENT # 740973** Jan 28, 2000 8:00 am 1. Entity Name **Secretary of State** SAND CASTLE II ASSOCIATION, INC. 01-28-2000 90121 037 ****61.25 Principal Place of Business Mailing Address 20002 GULF BLVD 4131 GUNN HWY INDIAN SHORES FL 34635 TAMPA FL 33624-4725 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1946887 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent _Name Street Address (P.O. Box Number is Not Acceptable) GREENACRE PROPERTIES, INC. 4131 GUNN HIGHWAY **TAMPA FL 33624** City 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME MCNEIL, ROBERT NAME STREET ADDRESS STREET ADDRESS 29 MCNAB DRIVE CITY-ST-ZIP CITY-ST-ZIP GRIMSBY, ONTARIO Change ☐ Addition TITLE ☐ Delete TITLE NAME MEKSRAITIS, MICHAEL NAME STREET ADDRESS STREET ADDRESS 704 S NEWPORT AVENUE TAMPA FL CITY-ST-ZIP~ CITY-ST-7IP Change ☐ Addition TSD ☐ Delete TITLE TITLE NAME FRASER, CHARLES NAME STREET ADDRESS STREET ADDRESS 20002 GULF BLVD CITY-ST-7IP CITY-ST-ZIP INDIAN ROCKS FL TITLE Change ☐ Addition ☐ Delete TITLE NAME FISHER, ARTHUR NAME STREET ADDRESS STREET ADDRESS 5553 W WATERS AVE #316 CITY-ST-ZIP CITY-ST-ZIP Tampa FL Delete TITLE Change ☐ Addition CARSWELL, FRANK NAME NAME STREET ADDRESS 1438 EDGEWATER DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FENTON MI Change ☐ Addition TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. changed, or on an attachm

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Date

Daytime Phone #