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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #: 740973

1. Entity Name  
SAND CASTLE II ASSOCIATION, INC.

Principal Place of Business: Mailing Address

2. Principal Place of Business & Mailing Address  
20002 Gulf Boulevard c/o Parakh, Commons & Co.  
Salem Ave. & W.D. Salem Ave. & W.D.  
2708 East Bay Drive #107

City & State Indian Shores, FL City & State Largo, FL 4. FEI Number 59-1946887 Applied For Not Applicable

Zip 33785 Country USA Zip 33771 Country USA 5. Purchase of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: John W. McBaine, 20002 Gulf Boulevard #2706, Indian Shores, FL 33785  
7. Name and Address of New Registered Agent: [Blank]

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: John W. McBaine

9. Election Campaign Financing: Full Fund Contributor  \$5.00 May Be Added to Fund

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: Michael Makraltis Pres. <input type="checkbox"/> Date: D	STREET ADDRESS: 704 South Newport Avenue	TITLE: [Blank]	STREET ADDRESS: [Blank]
CITY-STATE-ZIP: Tampa, FL 33606		CITY-STATE-ZIP: [Blank]	
TITLE: John W. McBaine Vice President <input type="checkbox"/> Date: D	STREET ADDRESS: 20002 Gulf Blvd. #2706	TITLE: [Blank]	STREET ADDRESS: [Blank]
CITY-STATE-ZIP: Indian Shores, FL 33785		CITY-STATE-ZIP: [Blank]	
TITLE: Charles Fraser Sec/Treasurer <input type="checkbox"/> Date: D	STREET ADDRESS: 20002 Gulf Blvd., # 2806	TITLE: [Blank]	STREET ADDRESS: [Blank]
CITY-STATE-ZIP: Indian Shores, FL 33785		CITY-STATE-ZIP: [Blank]	
TITLE: Robert McNeil <input type="checkbox"/> Date: D	STREET ADDRESS: 29 McNab Drive	TITLE: [Blank]	STREET ADDRESS: [Blank]
CITY-STATE-ZIP: Chimsby, Ontario-Canada-L3N2Y7		CITY-STATE-ZIP: [Blank]	
TITLE: [Blank]	STREET ADDRESS: [Blank]	TITLE: [Blank]	STREET ADDRESS: [Blank]
CITY-STATE-ZIP: [Blank]		CITY-STATE-ZIP: [Blank]	
TITLE: [Blank]	STREET ADDRESS: [Blank]	TITLE: [Blank]	STREET ADDRESS: [Blank]
CITY-STATE-ZIP: [Blank]		CITY-STATE-ZIP: [Blank]	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(2)(c), 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 addressee, with all other the empowered.

SIGNATURE: John W. McBaine Date: 5/3/01 727-517-0249

05/22/01-90034-014 \$61.25

CHECKLIST (1/00)