

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750718

1. Entity Name

SAND CASTLE III CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90119 040 ****61.25

Principal Place of Business 20040 GULF BLVD INDIAN SHORES FL 33785 US	Mailing Address PAREKH. COMMONS C.P.A. 2700 EAST BAY DR #107 LARGO FL 33771-2459 US
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DO NOT WRITE IN THIS SPACE

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 59-2383468	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SULLIVAN, C. A.
 311 S MISSOURI AVE
 CLEARWATER FL 33756

7. Name and Address of New Registered Agent

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]* **PRESIDENT** DATE: **2/26/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	D	<input type="checkbox"/> Delete
NAME	MCCORMICK, JAMES	
STREET ADDRESS	4926 TOWNSHIP TRACE	
CITY-ST-ZIP	MARIETTA GA 30066	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLINS, JOHN	
STREET ADDRESS	10312 MYSTIC MEADOW WAY	
CITY-ST-ZIP	OAKTON VA 22124	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PLUMLEE, PATRICIA	
STREET ADDRESS	417 1ST STREET	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BECKMAN, JON	
STREET ADDRESS	20040 GULF BLVD #601	
CITY-ST-ZIP	INDIAN SHORES FL 33785	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter Gibson - Secretary	
STREET ADDRESS	2040 Larchmont North	
CITY-ST-ZIP	Clearwater, FL 33764	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **PRESIDENT** DATE: **2/26/00** 727 695 6395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)