

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90118 022 ****61.25

DOCUMENT # 758809

1. Entity Name

SAND DOLLAR I, INC.

Principal Place of Business

7990 HWY A1A SOUTH
 ST AUGUSTINE FL 32086

Mailing Address

7990 HWY A1A SOUTH
 ST AUGUSTINE FL 32086

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2160319

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CHAPMAN, CINDY S
7990 A1A S
ST AUGUSTINE FL 32086

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

Cindy S Chapman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/7/01

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 **SEC.** ☐ Delete
 NAME **FUESSNER, HELEN**
 STREET ADDRESS **7990 A1A SOUTH #506**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

TITLE **PD** ☒ Delete
 NAME **IRMIS, MILES**
 STREET ADDRESS **7990 A1A S, UNIT 202**
 CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE **D** ☒ Delete
 NAME **PRICE, MICHAEL**
 STREET ADDRESS **7990 A1A SOUTH, #308**
 CITY-ST-ZIP **ST AUGUSTINE FL 32086**

TITLE **D** ☒ Delete
 NAME **WARREN, SHANNON**
 STREET ADDRESS **7990 A1A S, UNIT 306**
 CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE **S** ☒ Delete
 NAME **BUFFA, BLANCHET**
 STREET ADDRESS **7990 A1A SOUTH #502**
 CITY-ST-ZIP **ST AUGUSTINE FL 32086**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☐ Change ☒ Addition
 NAME **Brian Keller**
 STREET ADDRESS **#205 SAND DOLLAR I**
 CITY-ST-ZIP **7990 A1A S ST AUGUSTINE, FL 32086**

TITLE **WILLIAM E. MARCH** ☐ Change ☒ Addition
 NAME **703 E MELBA ST**
 STREET ADDRESS **ADOL, CA 92031620**
 CITY-ST-ZIP **DIRECTOR**

TITLE **CERELA SMITH** ☐ Change ☒ Addition
 NAME **PO BOX 1033**
 STREET ADDRESS **CASHIERS, NC 28717**
 CITY-ST-ZIP **DIRECTOR**

TITLE **TREA. WILLIAM DIETRICH** ☐ Change ☒ Addition
 NAME **2473 BERNICE DR.**
 STREET ADDRESS **JACKSONVILLE, FL 32257**
 CITY-ST-ZIP **VP**

TITLE **CLAUDE GOOSEN** ☐ Change ☒ Addition
 NAME **#106 SAND DOLLAR I**
 STREET ADDRESS **7990 A1A S ST AUGUSTINE, FL 32086**
 CITY-ST-ZIP **DIRECTOR**

TITLE **ART FRANKEL** ☐ Change ☒ Addition
 NAME **7990 A1A S 1-408**
 STREET ADDRESS **ST AUGUSTINE, FL 32086**
 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:

Cindy S Chapman

7/10/01

0083798

CR2E037 (10/00)