

2000 UNIFORM BUSINESS REPORT (UBR)

1/28/00-90091-029-\$61.25-\$61.25

DOCUMENT # 766934

1. Entity Name

SAND DOLLAR III, INC.

FILED

00 MAR -2 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 8050 SOUTH A1A ST. AUGUSTINE FL 32086	Mailing Address 8050 SOUTH A1A ST. AUGUSTINE FL 32086-9371
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2269575	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

JACOBS, PHILIP H
4075 A1A BCH BLVD, STE 100 REAR
ST AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name: **JACOBS, PHILIP H.**
Street Address (P.O. Box Number is Not Acceptable): **2085 A1A S., STE 201**
City: **ST. AUGUSTINE** FL Zip Code: **32084**

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: *Philip Jacobs* DATE: **1/10/00**

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	ATZ, GLADYS	
STREET ADDRESS	909 PARK FOREST LN	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RETTERBUSH, JEAN	
STREET ADDRESS	7 PLANTATION CIR	
CITY-ST-ZIP	VALDOSTA GA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, BILL	
STREET ADDRESS	409 BOXWOOD SQ	
CITY-ST-ZIP	KNOWVILLE TN	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HARRISON, JOHN	
STREET ADDRESS	1580 OCONEE ROAD	
CITY-ST-ZIP	WAYCROSS GA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY BARROW	
STREET ADDRESS	224 NW 103 AVE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LILLIAN BENNUN	
STREET ADDRESS	10 STEVENS DR.	
CITY-ST-ZIP	HALMDEL, NJ 07733	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tony Matson	
STREET ADDRESS	8050 A1A SO # 3106	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TELESA MANARD	
STREET ADDRESS	8050 A1A SO # 3303	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREDERICK THOMPSON	
STREET ADDRESS	623 SW 93RD ST.	
CITY-ST-ZIP	GAINESVILLE FL 32606	
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 REQUIRED** *Mary Barrow* Date: _____ Daytime Phone #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)