

2000 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 15, 2000 8:00 am
Secretary of State

03-24-2000 90098 007 ****61.25

DOCUMENT # N20919

1. Entity Name

SILVER SANDS BEACH AND RACQUET CLUB MASTER ASSOC

Principal Place of Business

Mailing Address

6595 SUNSET WAY
 ST PETERSBURG BEACH FL 33706
 US

6595 SUNSET WAY
 ST PETERSBURG BEACH FL 33706-2179
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2894984

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZACUR, RICHARD A.
 MENSCH, ZACUR & GARHAM, P.A.
 5200 CENTRAL AVENUE
 ST. PETERSBURG FL 33707

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ROSS, JAMES	
STREET ADDRESS	6595 SUNSET WAY	
CITY-ST-ZIP	ST PETERSBURG BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	REMINGTON, CARL MR.	
STREET ADDRESS	6595 SUNSET WAY	
CITY-ST-ZIP	ST. PETE BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WOLF, JULIUS	
STREET ADDRESS	6595 SUNSET WAY	
CITY-ST-ZIP	ST PETE BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PYLE, WILLIAM	
STREET ADDRESS	6595 SUNSET WAY	
CITY-ST-ZIP	ST PETE BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NUSSEK, GEORGETTE	
STREET ADDRESS	6595 SUNSET WAY	
CITY-ST-ZIP	ST PETE BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SEYLER, BOB	
STREET ADDRESS	6595 SUNSET WAY	
CITY-ST-ZIP	ST PETE BEACH FL	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARNOLD ROBERT	
STREET ADDRESS	6595 SUNSET WAY	
CITY-ST-ZIP	ST PETE BEACH FL 33706	
TITLE	SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PYLE WILLIAM	
STREET ADDRESS	6595 SUNSET WAY	
CITY-ST-ZIP	ST PETE BEACH FL 33706	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BORSUM ROBERT	
STREET ADDRESS	6595 SUNSET WAY	
CITY-ST-ZIP	ST. PETE BEACH FL 33706	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REMINGTON CARL	
STREET ADDRESS	6595 SUNSET WAY	
CITY-ST-ZIP	ST. PETE BEACH FL 33706	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEYLER BOB	
STREET ADDRESS	6595 SUNSET WAY	
CITY-ST-ZIP	ST. PETE BEACH FL 33706	

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00

Date

7273604706

Daytime Phone #

CR2E037 (9/99)