

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90360 047 \*\*\*\*61.25

**DOCUMENT # N36686**

1. Entity Name

**SAND PEBBLE POINTE MASTER ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

4740 BAY BLVD  
 PORT RICHEY FL 34668  
 US

4740 BAY BLVD  
 PORT RICHEY FL 34668  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2999794**

Applied For

Not Applicable

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

**NELSON, GENE**  
 4550 BAY BLVD #1253  
 PORT RICHEY FL 34668

Richard Rober  
 Street Address (P.O. Box Number is Not Acceptable)  
 8308 Aquila St.  
 Port Richey  
 City

**FL**

Zip Code

**34668**

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 *Richard Rober*

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

(NOTE: Registered Agent signature required when reinstating)

**4-30-02**

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 **PD**  Delete  
 NAME **BRISCHETTO, JOSEPH**  
 STREET ADDRESS **8141 AQUILA ST. #324**  
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **PD**  Change  Addition  
 NAME **SID FREEDMAN**  
 STREET ADDRESS **8205 AQUILA ST.**  
 CITY-ST-ZIP **PORT RICHEY, FL 34668**

TITLE **VD**  Delete  
 NAME **NELSON, GENE**  
 STREET ADDRESS **4550 BAY BLVD #1253**  
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **GANTT, FRAN**  
 STREET ADDRESS **8202 BRENT ST**  
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **TD**  Change  Addition  
 NAME **RICHARD ROBER**  
 STREET ADDRESS **8308 AQUILA ST.**  
 CITY-ST-ZIP **PORT RICHEY, FL 34668**

TITLE **D**  Delete  
 NAME **TRESE, PAUL**  
 STREET ADDRESS **8141 AQUILA ST #315**  
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Change  Addition  
 NAME **ROBERT LOEFFLER**  
 STREET ADDRESS **8211 BRENT ST. #838**  
 CITY-ST-ZIP **PORT RICHEY, FL 34668**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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 *SID FREEDMAN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Devtime Phone #

**4/23/02**

CR2E037 (9/01)