## 2000 UNIFORM BUSINESS REPORT (UBR)

changed or on a

SIGNATURE:

## **FILED DOCUMENT # N50613** Mar 24, 2000 8:00 am 1. Entity Name **Secretary of State** SILVER SANDS BEACH & RACQUET CLUB THREE CONDOMIN 03-24-2000 90098 006 \*\*\*\*61.25 Principal Place of Business Mailing Address 6595 SUNSET WAY 6650 SUNSET WAY ST PETE BCH FL 33706-2179 ST PETE BCH FL 33706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3139648 Not Applicable Zìp Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ZACUR, RICHARD 5200 CENTRAL AVE ST. PETERSBURG FL 33713 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. C ex ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME MEYERS, JAMES W STREET ADDRESS STREET ADDRESS 6595 SUNSET WAY CITY-ST-ZIP CITY-ST-ZIP ST PETE BCH FL Addition □ Change Delete TITLE PR08,600NY TITLE D NAME ROBIET ARNOLD NAME MILLER, JAMES STREET ADDRESS STREET ADDRESS 6595 Sunsit WAY 6595 SUNSET WAY St. Pite BUCH FL 33706 CITY-ST-ZIP CITY-ST-ZIP ST PETE BCH FL 33706 Delete Addition THESOLOTE Change TITLE TITLE CHORUS KINTOR NAME NAME MAGNO RALPH STREET ADDRESS ES95 SHOENE WAY STREET ADDRESS 6595 SUNSET WAY CITY-ST-ZIP CITY-ST-ZIP SI. FOR BACK FL 33716 ST PETE BEACH FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE SD NAME NAME BRADY, MARY D STREET ADDRESS STREET ADDRESS 6595 SUNSET WAY CITY-ST-ZIP CITY-ST-ZIP ST PETE BCH FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NĀME SEYLER, ROBERT STREET ADDRESS STREET ADDRESS 6595 SUNSET WAY CITY-ST-ZIP CITY-ST-ZIP ST PETE BCH FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME CARL-SINGLETON, SUSAN STREET ADDRESS STREET ADDRESS 6595 SUNSET WAY CITY-ST-ZIP CITY-ST-ZIP ST PETE BCH FL 33706 12. I hereby certify that the information supplied with this filling 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 ano 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

James Wither

-21-00

Date

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