

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90028 018 ***158.75

DOCUMENT # P97000057748

1. Entity Name
THE WHITE SANDS INN CORPORATION

Principal Place of Business 10 RANCH HOUSE CIR SEDONA AZ 86336	Mailing Address 10 RANCH HOUSE CIR SEDONA AZ 86336
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 135 KEVA DR.	3. Mailing Address 135 KEVA DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SEDONA AZ	City & State SEDONA, AZ	4. FEI Number 65-0764813	Applied For <input type="checkbox"/> Not Applicable
Zip 86336	Country USA	Zip 86336	Country USA

6. Name and Address of Current Registered Agent CONROY, DENNIS E 91 SAN JUAN DR I-3 PONTE VEDRA BEACH FL 32082		7. Name and Address of New Registered Agent Name DENNIS E. CONROY Street Address (P.O. Box Number is Not Acceptable) 4393 LACEY OAK DR. PALM BEACH GARDENS City FL Zip Code 33410	
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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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONROY, DENNIS E 10 RANCH HOUSE CIR SEDONA AZ 86336 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CONROY, LAVINA S 10 RANCH HOUSE CIR SEDONA AZ 86336 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dennis E. Conroy **DENNIS E. CONROY** 4/24/01 520 203-0128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)