

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715394

1. Entity Name

THE SANDS OF KEY BISCAYNE ASSOCIATION, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90102 033 \*\*\*\*61.25

Principal Place of Business 605 OCEAN DR KEY BISCAYNE FL 33149	Mailing Address 605 OCEAN DR KEY BISCAYNE FLA 33149-2323
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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
Zip	Country

4. FEI Number 59-1269433	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MUMMERT, DONALD  
605 OCEAN DR MI  
KEY BISCAYNE FL 33149

7. Name and Address of New Registered Agent

Name: Anthony A. Kalliche, Esquire  
Street Address (P.O. Box Number is Not Acceptable): Becker & Poliakoff, P.A.  
5201 Blue Lagoon Drive, #100  
City: Miami FL Zip Code: 33126

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: Anthony A. Kalliche, Esquire DATE: 2/22/00

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: D	NAME: ELLIOT, MICHAEL	STREET ADDRESS: 607 OCEAN DRIVE 11L	CITY-ST-ZIP: KEY BISCAYNE FL 33149	<input type="checkbox"/> Delete
TITLE: D	NAME: RIVELLI, PAULINE	STREET ADDRESS: 607 OCEAN DR 10K	CITY-ST-ZIP: KEY BISCAYNE FL	<input type="checkbox"/> Delete
TITLE: D.	NAME: BELOFF, JEROME DR	STREET ADDRESS: 607 OCEAN DR 3J	CITY-ST-ZIP: KEY BISCAYNE FL 33149	<input type="checkbox"/> Delete
TITLE: P	NAME: BOHUTINSKY, ANDREW	STREET ADDRESS: 613 OCEAN DR 10C	CITY-ST-ZIP: KEY BISCAYNE FL 33149	<input type="checkbox"/> Delete
TITLE: D	NAME: KAISEE, GERALD DR	STREET ADDRESS: 607 OCEAN DR 10M	CITY-ST-ZIP: KEY BISCAYNE FL 33149	<input checked="" type="checkbox"/> Delete
TITLE: S	NAME: GOLDSTEIN, SANDRA	STREET ADDRESS: 611 OCEAN DR 2	CITY-ST-ZIP: KEY BISCAYNE FL 33149	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: Anthony A. Kalliche, Esquire DATE: 2-24-00 (305) 361-5737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)