

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # 715394**

1. Entity Name

**THE SANDS OF KEY BISCAIYNE ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

605 OCEAN DR  
 KEY BISCAIYNE FL 33149

605 OCEAN DR  
 KEY BISCAIYNE FLA 33149-2323

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1269433**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MUMMERT, DONALD**  
**605 OCEAN DR MI**  
**KEY BISCAIYNE FL 33149**

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*  
**Anthony A. Kalliche, Esquire**

2/22/00

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SYLVIA BERNSTEIN</b>	
STREET ADDRESS	<b>613 OCEAN DR</b>	
CITY-ST-ZIP	<b>KEY BISCAIYNE</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Anthony A. Kalliche*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-00

Date

(305) 361-5737

Daytime Phone #

CR2E037 (9/99)