

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90081 028 ****61.25

DOCUMENT # 762857

1. Entity Name

SANDCASTLES AT AMELIA ISLAND CONDOMINIUM ASSOCIA

Principal Place of Business

Mailing Address

C/O AMELIA ISLAND MGMT
 3000 FIRST COAST HWY.
 AMELIA ISLAND FL 32034

C/O AMELIA ISLAND MGMT
 3000 FIRST COAST HWY.
 AMELIA ISLAND FL 32034

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2266941

Applied For

Not Applicable

Zip

Country

Zip

Country

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

AMELIA ISLAND MANAGEMENT
 AMELIA ISLAND PLANTATION
 3000 FIRST COAST HWY.
 AMELIA ISLAND FL 32034

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 PD
 NAME JACOBSEN, QUENTIN L
 STREET ADDRESS 4110 COLUMNS DRIVE
 CITY-ST-ZIP MARIETTA GA

☐ Delete

TITLE VD
 NAME CRUMLEY, HENRY
 STREET ADDRESS P.O. BOX 8434 N/A
 CITY-ST-ZIP SAVANNAH, GA

☐ Change

☒ Addition

TITLE D
 NAME SMITH, ROGER
 STREET ADDRESS 46 SALMONS HOLLOW RD
 CITY-ST-ZIP BREWSTER NY 10509

☐ Delete

TITLE D
 NAME DICKSON, ROBERT
 STREET ADDRESS 1000 RIVERSIDE AVE SUITE 505
 CITY-ST-ZIP JACKSONVILLE, FL 32204-4144

☐ Change

☒ Addition

TITLE STD
 NAME HARTMAN, FRED
 STREET ADDRESS 11 WATER OAK RD
 CITY-ST-ZIP AMELIA ISLAND FL 32034

☒ Delete

TITLE D
 NAME CUNNINGHAM, WILLIAM C.
 STREET ADDRESS 115 SEA MARSH RD
 CITY-ST-ZIP AMELIA ISLAND, FL 32034

☐ Change

☒ Addition

TITLE D
 NAME FITZPATRICK, JAMES
 STREET ADDRESS 4128 NW 37TH DRIVE
 CITY-ST-ZIP GAINESVILLE FL

☐ Delete

TITLE ST
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

QUENTIN JACOBSEN

770/956-7763

Date

Daytime Phone #

03/06/00