

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 15, 2001 8:00 am  
Secretary of State

02-15-2001 90061 016 \*\*\*\*61.25

DOCUMENT # N50613

1. Entity Name

SILVER SANDS BEACH & RACQUET CLUB THREE CONDOMIN

Principal Place of Business

Mailing Address

6650 SUNSET WAY  
ST PETE BCH FL 33706  
US

6595 SUNSET WAY  
ST PETE BCH FL 33706  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3139648

Applied For

Not Applicable

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

ZACUR, RICHARD  
5200 CENTRAL AVE  
ST. PETERSBURG FL 33713

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 P ☐ Delete  
NAME MEYERS, JAMES W  
STREET ADDRESS 6595 SUNSET WAY  
CITY-ST-ZIP ST PETE BCH FL

TITLE PRESIDENT ☐ Change ☒ Addition  
NAME ART ENGLEMAN  
STREET ADDRESS 6595 SUNSET WAY  
CITY-ST-ZIP ST PETE BCH FL 33706

TITLE P ☒ Delete  
NAME ARNOLD, ROBERT  
STREET ADDRESS 6595 SUNSET WAY  
CITY-ST-ZIP ST-PETE BCH FL 33706

TITLE VICE PRESIDENT ☐ Change ☒ Addition  
NAME RALPH MAGNO  
STREET ADDRESS 6595 SUNSET WAY  
CITY-ST-ZIP ST-PETE BCH FL 33706

TITLE T ☒ Delete  
NAME KRATER, CHARLES  
STREET ADDRESS 6595 SUNSET WAY  
CITY-ST-ZIP SAINT PETERSBURG FL 33706

TITLE SECRETARY ☐ Change ☒ Addition  
NAME JILL ANN PECK  
STREET ADDRESS 6595 SUNSET WAY  
CITY-ST-ZIP ST PETE BCH FL 33706

TITLE SD ☐ Delete  
NAME BRADY, MARY D  
STREET ADDRESS 6595 SUNSET WAY  
CITY-ST-ZIP ST PETE BCH FL

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME RON LEACH  
STREET ADDRESS 6595 SUNSET WAY  
CITY-ST-ZIP ST PETE BCH FL 33706

TITLE D ☒ Delete  
NAME SEYLER, ROBERT  
STREET ADDRESS 6595 SUNSET WAY  
CITY-ST-ZIP ST PETE BCH FL

TITLE DIRECTOR ☐ Change ☐ Addition  
NAME DUFF CODY  
STREET ADDRESS 6595 SUNSET WAY  
CITY-ST-ZIP ST PETE BCH FL 33706

TITLE V ☒ Delete  
NAME CARL-SINGLETON, SUSAN  
STREET ADDRESS 6595 SUNSET WAY  
CITY-ST-ZIP ST PETE BCH FL 33706

TITLE DIRECTOR ☐ Change ☐ Addition  
NAME GEOFFREY MINNIS  
STREET ADDRESS 6595 SUNSET WAY  
CITY-ST-ZIP ST PETE BCH FL 33706

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ART Engleman

2/13/01

Date

(727)360-8307

Daytime Phone #

CR2E037 (10/00)