

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90120 026 ***150.00

DOCUMENT # P97000057748

1. Entity Name

THE WHITE SANDS INN CORPORATION

Principal Place of Business

**135 KIVA DR
 SEDONA AZ 86336**

Mailing Address

**135 KIVA DR
 SEDONA AZ 86336**

2. Principal Place of Business

375 Smith Rd

3. Mailing Address

375 Smith Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sedona, AZ

City & State

Sedona, AZ

Zip

86336

Country

Zip

86336

Country

4. FEI Number

65-0764813

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CONROY, DENNIS E
 4393 LACEY OAK DR
 PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CONROY, DENNIS E	
STREET ADDRESS	10 RANCH HOUSE CIR	
CITY-ST-ZIP	SEDONA AZ 86336	
TITLE	V	<input type="checkbox"/> Delete
NAME	CONROY, LAVINA S	
STREET ADDRESS	10 RANCH HOUSE CIR	
CITY-ST-ZIP	SEDONA AZ 86336	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	375 Smith Rd.
CITY-ST-ZIP	Sedona, AZ 86336
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	375 Smith Rd.
CITY-ST-ZIP	Sedona, AZ 86336
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	

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:

Signature: Dennis E. Conroy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02 292-4747

Date

Daytime Phone #

CR2E034 (9/01)