

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****May 05, 2002 8:00 am**
Secretary of State

05-05-2002 90077 005 ****70.00

DOCUMENT # 743000

1. Entity Name

SANIBEL BEACH CLUB II ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**205 PERIWINKLE WAY
SANIBEL FL 33957
US****205 PERIWINKLE WAY
SANIBEL FL 33957
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1972322

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

**KENOYER, TONNA
2669 W. GULF DRIVE
SANIBEL FL 33957**

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 \$61.259. 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** ☐ Delete
NAME **FRENCH, RON M**
STREET ADDRESS **R.R. 2 BOBCAYGEON**
CITY-ST-ZIP **ONTARIO, CANADA K0M 1A0**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VPD** ☐ Delete
NAME **BRUNSON, JIMMIE**
STREET ADDRESS **1809 S.W. 91 STREET**
CITY-ST-ZIP **GAINESVILLE FL 32607**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **STD** ☐ Delete
NAME **BIRK, RONALD F**
STREET ADDRESS **3909 LITHEA RIDGE BLVD.**
CITY-ST-ZIP **VALRICO FL 33594-6401**TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **URKOVICH, RONALD S**
STREET ADDRESS **5690 PINE TREE DRIVE**
CITY-ST-ZIP **SANIBEL FL 33957**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **PROMINSKI, HENRY J**
STREET ADDRESS **P.O. BOX 540**
CITY-ST-ZIP **WEIRSDALE FL 32195**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **B** ☒ Delete
NAME **GREEN, DAVID C**
STREET ADDRESS **339 CLOUGH STREET**
CITY-ST-ZIP **WATERLOO IO 50701**TITLE ☐ Change ☐ 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:

French, President

4/19/02

239-472-4526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/01)