

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748080

1. Entity Name

SEA DUNES SAND CASTLE ASSOCIATION, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90230 031 \*\*\*\*61.25

Principal Place of Business

4345 SOUTH ATLANTIC AVENUE  
NEW SMYRNA BEACH FL 32169-4001

Mailing Address

~~4590 LK HOLDEN HILLS DR  
ORLANDO FL 32839-1204  
US~~

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Registered Agent

**Mr. Daniel H. Pohlar, Jr.**  
**4345 S Atlantic Ave. Unit C-10**  
**New Smyrna, FL 32169**

UNIT C-10

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2709046

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

POHLAR, DAN H. JR

~~4590 LAKE HOLDEN HILLS DR  
ORLANDO FL 32839~~

4345 S. Atlantic Ave C-10  
New Smyrna Beach FL 32169

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

**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

TITLE ☐ Delete  
NAME POHLAR, DAN H. JR  
STREET ADDRESS ~~4590 LAKE HOLDEN HILLS DR C-10~~  
CITY-ST-ZIP ~~ORLANDO FL~~

TITLE ☐ Delete  
NAME D  
RIZZO, SARA  
STREET ADDRESS 103 CEDAR POINT LN-C9  
CITY-ST-ZIP LONGWOOD FL

TITLE ☐ Delete  
NAME D  
STEIGER, SUSAN  
STREET ADDRESS 136 E 76TH ST/APT 12B  
CITY-ST-ZIP NEW YORK NY 10021

TITLE ☐ Delete  
NAME D  
GIUFFRIDA, J. T.  
STREET ADDRESS 207 RIVERBEND COURT/B5  
CITY-ST-ZIP LONGWOOD FL

TITLE ☐ Delete  
NAME D  
CASEY, DENNIS  
STREET ADDRESS 360 TROTTERS DR.  
CITY-ST-ZIP MAITLAND FL 32751

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-00 904 423 9662

CR2E037 (9/99)