

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 748244**

1. Entity Name

**SANDALWOOD CONDOMINIUM MOTEL ASSOCIATION, INC.**

Principal Place of Business

**17100 GULF BLVD  
N REDINGTON BCH FL 33708**

Mailing Address

**17100 GULF BLVD  
N REDINGTON BCH FL 33708**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-1963113**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HENSEL, JAMES  
17100 GULF BLVD  
N REDINGTON BCH, FL  
N REDINGTON BEACH FL 33708**

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	VD	<input type="checkbox"/> Delete
NAME	WHITELEY, GEORGE	
STREET ADDRESS	3 W. ENDFIELD	
CITY-ST-ZIP	FEASTERVILLE PA	

TITLE	SD	<input type="checkbox"/> Delete
NAME	EWING, GINGER	
STREET ADDRESS	15407 DEERFIELD LANE	
CITY-ST-ZIP	TAMPA FL	

TITLE	TD	<input type="checkbox"/> Delete
NAME	KENNY, ETHEL	
STREET ADDRESS	11770-5TH STREET, E.	
CITY-ST-ZIP	TEASURE ISLAND FL	

TITLE	PD	<input type="checkbox"/> Delete
NAME	HENSEL, JIM	
STREET ADDRESS	1701 W MARQUETTE ST	
CITY-ST-ZIP	APPLETON WI	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	15407 Deerglen Drive	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	116565 Vingan La.	
CITY-ST-ZIP	Pembine, WI 54156	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	Marvin Tomberg	
CITY-ST-ZIP	323 W. North St. J Itasca, IL 60143	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/01

Date

727-397-5541

Daytime Phone #

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90142 002 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)