

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755496

1. Entity Name

SAND DOLLAR OFFICE CONDOMINIUM, INC.

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90022 041 \*\*\*\*61.25

Principal Place of Business  
134 FIFTH AVENUE  
SUITE 208  
INDIALANTIC FL 32903-3164  
US

Mailing Address  
134 FIFTH AVENUE  
SUITE 208  
INDIALANTIC FL 32903-3170  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-7467686

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

CINCO, LARRY  
134 5TH AVE., SUITE 208  
INDIALANTIC FL 32903

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 PD  
NAME ROBINSON, JOHN F.  
STREET ADDRESS 1326 S. RIVERSIDE DR.  
CITY-ST-ZIP INDIALANTIC, FL. 00000

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE P  
NAME CINCO, LARRY  
STREET ADDRESS 134 5TH AVE., #208  
CITY-ST-ZIP INDIALANTIC FL 32903

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME ROBINSON, JOHN  
STREET ADDRESS 205 BALLYSHANNON ST. #201  
CITY-ST-ZIP MELB BEACH FL 37991

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VD  
NAME TOPOL, HAROLD  
STREET ADDRESS 716 MALIBU LANE  
CITY-ST-ZIP INDIALANTIC FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME WILLIAMS, ROBERT  
STREET ADDRESS 11450 S TROPICAL TRAIL  
CITY-ST-ZIP MERRITT ISLAND FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME COLLINS, DAVID  
STREET ADDRESS 134 5TH AVE SUITE 104  
CITY-ST-ZIP INDIANATLANTIC FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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: X SIGNATURE REQUIRED LARRY CINCO 1-28-00 407-951-7644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)