

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90122 041 ****61.25

DOCUMENT # 755496

1. Entity Name

SAND DOLLAR OFFICE CONDOMINIUM, INC.

Principal Place of Business

**134 FIFTH AVENUE
SUITE 208
INDIALANTIC FL 32903-3164
US**

Mailing Address

**134 FIFTH AVENUE
SUITE 208
INDIALANTIC FL 32903-3164
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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	<input type="checkbox"/> Delete
NAME	ROBINSON, JOHN F.	
STREET ADDRESS	1326 S. RIVERSIDE DR.	
CITY-ST-ZIP	INDIALANTIC, FLA. 00000	
TITLE	P	<input type="checkbox"/> Delete
NAME	CINCO, LARRY	
STREET ADDRESS	134 5TH AVE., #208	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, JOHN	
STREET ADDRESS	205 BALLYSHANNON ST. #201	
CITY-ST-ZIP	MELB BEACH FL 37991	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TOPOL, HAROLD	
STREET ADDRESS	716 MALIBU LANE	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLINS, DAVID	
STREET ADDRESS	134 5TH AVE SUITE 104	
CITY-ST-ZIP	INDIANATLANTIC FL	
TITLE		<input type="checkbox"/> Delete
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
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STREET ADDRESS		
CITY-ST-ZIP		
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 another like empowered.

SIGNATURE:

SAND DOLLAR OFFICE CONDOMINIUM, INC.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/02 321 951 7644
Date Daytime Phone #

CR2E037 (9/01)