

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90025 009 ****61.25

DOCUMENT # 758809

1. Entity Name

SAND DOLLAR I, INC.

Principal Place of Business

Mailing Address

**7990 HWY A1A SOUTH
 ST AUGUSTINE FL 32086**

**7990 HWY A1A SOUTH
 ST AUGUSTINE FL 32086**

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 **59-2160319**

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

**CHAPMAN, CINDY S
 7990 A1A S
 ST AUGUSTINE FL 32086**

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

Cindy S. Chapman

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-6-02

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 **S** ☐ Delete
 NAME **FUESSNER, HELEN**
 STREET ADDRESS **7990 A1A SOUTH #506**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

TITLE **VP** ☐ Change ☒ Addition
 NAME **CLAUDE GOODSON**
 STREET ADDRESS **7990 A1A SOUTH #106**
 CITY-ST-ZIP **ST. AUGUSTINE, FL 32080**

TITLE **P** ☐ Delete
 NAME **KELLER, BRIAN**
 STREET ADDRESS **7990 ALAS**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32080**

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

TITLE **D** ☐ Delete
 NAME **EMRICH, WILLIAM**
 STREET ADDRESS **703E MELBA STREET**
 CITY-ST-ZIP **ADEL GA 31620**

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

TITLE **D** ☐ Delete
 NAME **SMITH, GERALD**
 STREET ADDRESS **P.O. BOX 1033**
 CITY-ST-ZIP **CASHIERS NC 28717**

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

TITLE **T** ☐ Delete
 NAME **DIETRICH, WILLIAM**
 STREET ADDRESS **2973 BERNICE DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32557**

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

TITLE **D** ☐ Delete
 NAME **FRANCELLA, ART**
 STREET ADDRESS **7990 ALAS I-408**
 CITY-ST-ZIP **SAINT SUGUSTINE FL 32080**

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-02

Date

Daytime Phone #

CR2E037 (9/01)

003574