

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90044 029 ****75.00

DOCUMENT # 760180

1. Entity Name

HIDEAWAY SANDS RESORT LESSEES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3804 GULF BLVD.

ST. PETERSBURG BEACH FL 33706

3804 GULF BLVD.

ST. PETERSBURG BEACH FL 33706

905121



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2185388

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ADAMS, THOMAS D.

3804 GULF BLVD.

ST. PETERSBURG FL 33706

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 ☐ Delete
NAME **PD BELCHER, ANN**
STREET ADDRESS **11424 CIMMARON CIRCLE N.**
CITY-ST-ZIP **LARGO FL**

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

TITLE ☐ Delete
NAME **VD MILBOURN, RUSSELL**
STREET ADDRESS **1332 PASADENA AVE #601**
CITY-ST-ZIP **ST. PETERSBURG FL**

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

TITLE ☐ Delete
NAME **S CARDELL, BRUCE**
STREET ADDRESS **P.O. BOX 530163 N/A**
CITY-ST-ZIP **ST PETERSBURG FL 33747**

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

TITLE ☐ Delete
NAME **T KIESGEN, JIM**
STREET ADDRESS **3606 CHEROKEE AVE.**
CITY-ST-ZIP **TAMPA FL**

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

TITLE ☐ Delete
NAME **D PEREZ, LOUIS**
STREET ADDRESS **77181 HIGHWAY 21**
CITY-ST-ZIP **COVINGTON LA 70435-4011**

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

TITLE ☐ Delete
NAME **AAS ADAMS, THOMAS D.**
STREET ADDRESS **3804 GULF BLVD**
CITY-ST-ZIP **ST. PETERSBURG BEACH FL**

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 reports 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
Thomas D Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02 727-367-2781

Date Daytime Phone #

CR2E037 (9/01)