

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769536

1. Entity Name

SANDESTIN BEACH HOTEL CONDOMINIUM OWNERS ASSOCIA

Principal Place of Business

C/O ROBERT KAMM
4000 SANDESTIN BLVD., S.
DESTIN FL 32541
US

Mailing Address

C/O ROBERT KAMM
4000 SANDESTIN BLVD., S.
DESTIN FL 32541-4279
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

59-2516412

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

LLOYD, BRENDA
4000 SANDESTIN BLVD S
DESTIN FL 32541

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 D ☐ Delete
NAME ADAMS, CHARLES
STREET ADDRESS 104 LIVERPOOL STREET
CITY-ST-ZIP WILLIAMSBURG VA

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

TITLE D ☐ Delete
NAME O'NEAL, MIKE
STREET ADDRESS 2200 WOODHILL
CITY-ST-ZIP EDMOND OK

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

TITLE VP ☐ Delete
NAME KAMM, ROBERT
STREET ADDRESS 4000 SANDESTIN BLVD.
CITY-ST-ZIP DESTIN FL

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

TITLE D ☐ Delete
NAME MORRIS, WALTER
STREET ADDRESS 711 WALNUT ST.
CITY-ST-ZIP HELENA AR

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

TITLE D ☐ Delete
NAME MATTHEWS, J. D.
STREET ADDRESS 130 WEDGEFIELD LANE
CITY-ST-ZIP ATHENS GA

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

TITLE D ☐ Delete
NAME LOWE, BURTON
STREET ADDRESS 1219 ROXMERE ROAD
CITY-ST-ZIP TAMPA 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 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

Robert T. Kamm

Date

3/28/00

850-287-9500

Daytime Phone #

CR2E037 (9/99)