2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # F35503** May 30, 2000 8:00 am Secretary of State SAND DOLLAR VILLAS, INC. 05-30-2000 90049 015 ***150.00 Mailing Address Principal Place of Business P.O. BOX 607 3325 CORAL PARK DRIVE **BRUNSWICK GA 31521-0607** BRUNSWICK GA 31521 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-2106920 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name POOLE, WESLEY R Street Address (P.O. Box Number is Not Acceptable) 4 NORTH 2ND STREET, STE 200 FERNANDINA BEACH FL 32034 Zip Code FL 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 DATE (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition □ Delete TITLE TITLE GORDON, JEAN NAME NAME STREET ADDRESS 123 LINKSIDE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. SIMONS ISLAND GA 31522 __ Change ☐ Addition ☐ Delete TITLE Toluson, H. Kenneth J NAME NAME 3325 CORAL PARK DR STREET ADDRESS STREET ADDRESS BRUNSWICK, GA 0 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TOLLISON, HUGH K SR NAME NAME 3325 CORAL PARK DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRUNSWICK, GA 0 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

3. 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 receive or vustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attaanment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-00 912 265