FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment w

SIGNATURE

Apr 22, 2002 8:00 am Secretary of State **DOCUMENT #** F35503 1. Entity Name SAND DOLLAR VILLAS, INC. 04-22-2002 90219 010 ***150.00 Principal Place of Business Mailing Address 3325 CORAL PARK DRIVE P.O. BOX 607 **BRUNSWICK GA 31521 BRUNSWICK GA 31521** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2106920 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POOLE, WESLEY R Street Address (P.O. Box Number is Not Acceptable) 4 NORTH 2ND STREET, STE 200 FERNÂNDINA BEACH FL 32034 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ST TITLE Change ☐ Addition NAME GORDON, JEAN NAME STREET ADDRESS 123 LINKSIDE DRIVE STREET ADDRESS CITY-ST-7IP ST. SIMONS ISLAND GA 31522 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME TOLLISON, H. KENNETH J STREET ADDRESS STREET ADDRESS 3325 CORAL PARK DR CITY-ST-ZIP CiTY-ST-7IP BRUNSWICK, GA 0 ☐ Delete TITLE Change Addition TOLLISON, HUGH K SR NAME STREET ADDRESS STREET ADDRESS 3325 CORAL PARK DR CITY-ST-ZIF BRUNSWICK, GA 0 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 of trustee empored to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver of trustee empored to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the corporation o

ed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if