

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F83483

1. Entity Name

SANDCASTLE RESORT OF SANDESTIN, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32550

32550

6. Name and Address of Current Registered Agent

KAMM, ROBERT T  
4000 SANDESTIN BLVD., S.  
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

32550

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
P ALIAS, FRED V 3600 FREDERICA ROAD #10 ST. SIMONS ISLAND GA ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
V FLAUTT, FRANK L JR 1000 RIDGEWAY LOOP ROAD SUITE 320 MEMPHIS TN 38120 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
VP DONOGHUE, MIKE 1000 RIDGEWAY LOOP ROAD SUITE 320 MEMPHIS TN 38120 ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
VPD EARWOOD, BOB 1000 RIDGEWAY LOOP ROAD SUITE 320 MEMPHIS TN 38120 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
VP KAMM, ROBERT T. 1000 RIDGEWAY LOOP ROAD SUITE 320 MEMPHIS TN 38120 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

3/7/01

Date

901-681-5181

Daytime Phone #

FILED  
Mar 12, 2001 8:00 am  
Secretary of State

03-12-2001 90030 048 \*\*\*150.00

531753



DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1144364

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

CR2E034 (10/00)