

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003669

1. Entity Name

SANDCASTLES OF GEORGIA, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90111 006 \*\*\*150.00

Principal Place of Business

Mailing Address

3600 FREDERICA RD  
STE 10  
ST SIMMONS ISLE GA 31522  
US

3600 FREDERICA RD  
STE 10  
ST SIMMONS ISLE GA 31522-7333  
US

631945



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Cottage 298  
36th Street  
Sea Island GA

Cottage 298  
36th Street  
Sea Island GA

City & State  
Sea Island GA

City & State  
Sea Island GA

Zip 31561 Country USA

Zip 31561 Country USA

4. FEI Number 58-1281161

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

KAMM, ROBERT T  
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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDC  
NAME ALIAS, FRED V  
STREET ADDRESS 3600 FREDERICA RD, STE 10  
CITY-ST-ZIP ST SIMMONS ISLE GA

TITLE ALIAS, FRED V.  
NAME ALIAS, FRED V.  
STREET ADDRESS COTTAGE 298  
CITY-ST-ZIP SEA ISLAND, GA 31561

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED: FRED V. ALIAS 3/28/00 (912) 638-0370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/99)