

DOCUMENT # G13677

1. Entity Name
SAND COVE APARTMENTS, INC.

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90058 020 ***150.00

Principal Place of Business Mailing Address
C/O ROY J. DEEB C/O ROY J. DEEB
5635 7TH AVE N. 5635 7TH AVE N.
ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-2237143** Applied For
Not Applicable

Zip Country Zip Country

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

DEEB, ROY J.
5635 7TH AVE N.
ST. PETERSBURG FL 33710

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	DEEB, ROY J	
STREET ADDRESS	5635 7TH AVE N	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	DEMETREE, JACK C	
STREET ADDRESS	3740 BEACH BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	S	<input type="checkbox"/> Delete
NAME	DEMETREE, WILLIAM C	
STREET ADDRESS	3348 EDGEWATER DRIVE	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	S	<input type="checkbox"/> Delete
NAME	DEEB, STEPHEN W	
STREET ADDRESS	976 AMSTON COURT	
CITY-ST-ZIP	DUNEDIN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 all other like empowered.

SIGNATURE: *Roy J Deeb* 1/9/01 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)