

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90093 008 ***150.00

DOCUMENT # J32388

1. Entity Name

SANDCASTLE REALTY OF SARASOTA, INC.

Principal Place of Business

Mailing Address

~~2000 S. BRINK AVE.~~
~~SARASOTA FL 34239~~

~~2000 S. BRINK AVE.~~
~~SARASOTA FL 34224-9728~~

2. Principal Place of Business

3. Mailing Address

UNIT 68

9181 GRIGGS RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9181 GRIGGS RD

UNIT #68

City & State

City & State

ENGLEWOOD FL.

ENGLEWOOD FL.

Zip

Country

Zip

Country

34224

34224

4. FEI Number

59-2715179

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

Name

PEGGY R. BRIGGS

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

UNIT #68

9181 GRIGGS RD

City

ENGLEWOOD

FL

Zip Code

34224

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

Peggy R. Briggs

Peggy R. Briggs

4/20/00

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 **PTD** ☐ Delete
NAME **WYNNE, THOMAS J.**
STREET ADDRESS **2000 S. BRINK AVE.**
CITY-ST-ZIP **SARASOTA FL**

TITLE **PTD** ☒ Change ☐ Addition
NAME **WYNNE, THOMAS J.**
STREET ADDRESS **UNIT 68 9181 GRIGGS RD.**
CITY-ST-ZIP **ENGLEWOOD FL. 34224**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Thomas J. Wynne

THOMAS J. WYNNE

4-20-00

941 697 7906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)