

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J58158

1. Entity Name  
VILLAGE SAND, INC.

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90271 014 \*\*\*150.00

Principal Place of Business  
505 S FLAGLER DRIVE  
SUITE 300  
WEST PALM BEACH FL 33401

Mailing Address  
505 S FLAGLER DRIVE  
SUITE 300  
WEST PALM BEACH FL 33401

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-2775534** 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

CHOPIN, L. FRANK  
505 S FLAGLER DRIVE  
SUITE 300  
WEST PALM BEACH FL 33401

Name  
**L. Frank Chopin**  
Street Address (P.O. Box Number is Not Acceptable)  
**505 S. Flagler Drive**  
**Suite 300**  
City **West Palm Beach** **FL** Zip Code **33401**

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 \_\_\_\_\_

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 ☐ Delete  
NAME **PSD CHOPIN, L. FRANK**  
STREET ADDRESS **440 ROYAL PALM WAY, SUITE 200**  
CITY-ST-ZIP **PALM BCH FL 33480**

TITLE ☒ Change ☐ Addition  
NAME **CHOPIN, L. FRANK**  
STREET ADDRESS **505 S. FLAGLER DRIVE, SUITE 300**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

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  
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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 to this report, with another like empowered.

SIGNATURE \_\_\_\_\_  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/16/01** Daytime Phone # **561-655-9300**

CR2E034 (10/00)