

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90314 023 \*\*\*150.00

**DOCUMENT # L36681**

1. Entity Name

**HANNA'S SANDCASTLE DESIGNS, INC.**

Principal Place of Business

**10745 EMERALD COAST PARKWAY WEST  
DESTIN FL 32541  
US**

Mailing Address

**10745 EMERALD COAST PARKWAY WEST  
DESTIN FL 32541  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

**32550**

Country

Zip

**32550**

Country

4. FEI Number **59-2992184**

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

**HANNA, JOHN R  
135 HEWITT PT. RD.  
SANTA ROSA BEACH FL 32549**

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.

**Change Zip Code**

SIGNATURE

*John R. Hanna*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-23-01**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HANNA, MARILYN</b>	
STREET ADDRESS	<b>135 HEWITT PT RD.</b>	
CITY-ST-ZIP	<b>SANTA ROSA BEACH FL 32541</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>HANNA, JOHN R</b>	
STREET ADDRESS	<b>135 HEWITT PT RD.</b>	
CITY-ST-ZIP	<b>SANTA ROSA BEACH FL 32541</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BARRINGTON, KAYCEE</b>	
STREET ADDRESS	<b>3940 MESA ROAD</b>	
CITY-ST-ZIP	<b>DESTIN FL 32541</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BENNETT, DALE</b>	
STREET ADDRESS	<b>182 BENT ARROW</b>	
CITY-ST-ZIP	<b>DESTIN FL 32541</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>RICHEY, WILLIAM EARL</b>	
STREET ADDRESS	<b>69 JUNIPER DRIVE</b>	
CITY-ST-ZIP	<b>FREEPORT FL 32439</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Marilyn Hanna*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1-23-01**

Daytime Phone #

**(850) 654-4259**

CR2E034 (10/00)