

2001 UNIFORM BUSINESS REPORT (UBR)

0021703 AF

DOCUMENT # L99000005339

1. Entity Name
WHITE SANDS INVESTORS, LLC

01 APR 23 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**2217 GULF DRIVE NORTH
BRADENTON FL 34217**

Mailing Address

**2217 GULF DRIVE NORTH
BRADENTON FL 34217**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0946707

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BLALOCK, LANDERS, WALTERS & VOGLER, P.A.
802 11TH STREET WEST
BRADENTON FL 34205**

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

**100004163191--1
-05/08/01--01123--013
*****50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

TITLE **MGR** ☐ Delete
NAME **ECKEL, DAVID C**
STREET ADDRESS **2217 GULF DRIVE NORTH**
CITY-ST-ZIP **BRADENTON FL 34217**

TITLE **MGR** ☐ Delete
NAME **HERMAN, F. DONALD**
STREET ADDRESS **3701 OSPREY AVENUE SOUTH**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

David C Eckel
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/16/01

CR2E083 (11/00)