

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 07, 2000 8:00 am**
Secretary of State

03-04-2000 90056 029 ****61.25

09-07-2000 90002 015 ****61.25

DOCUMENT # N41428

1. Entity Name

SANDPOINTE' LEASEHOLDERS' ASSOCIATION, INC.

Principal Place of Business

**342 FT PICKENS ROAD
PENSACOLA BEACH FL 32561**

Mailing Address

**342 FT PICKENS ROAD
PENSACOLA BEACH FL 32561**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3070456

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

**BRANDON, ROBERT
354 FORT PICKENS RD
PENSACOLA BCH FL 32561**

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 \$61.25**After September 13, 2000 min. will be \$236.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**OD
ODOM, WALLACE
342 FT PICKENS RD
PENSACOLA FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
FAUL, Kenneth
352 Fort Pickens Road
Pensacola Beach, FL 32561** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
DEMILLEY, WILLIAM B JR
366 FT PICKENS RD
PENSACOLA EBACH FL** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
Homyak, James
366 Fort Pickens Road
Pensacola Beach, FL 32561** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
BRANDON, ROBERT (CAPT)
354 FT. PICKENS RD
PENSACOLA BEACH FL** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
S. Lisa Burrell
346 Fort Pickens Road
Pensacola Beach, FL 32561** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

S. Lisa Burrell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**S. Lisa Burrell, Sec.**

Date

Daytime Phone #

**Sept. 01, 2000
850-934-9867**

CR2E037 (5/00)