2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 08, 2001 08:00 AM
Secretary of State

DOCUMENT # **N41428**

1. Entity Name
SANDPOINTE' LEASEHOLDERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
342 FT PICKENS ROAD	342 FT PICKENS ROAD
PENSACOLA BEACH FL 32561	PENSACOLA BEACH FL 32561

2. Principal Place of Business	3. Mailing Address
352 FT PICKENS ROAD	352 FT PICKENS ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PENSACOLA BEACH FL	City & State: PENSACOLA BEACH FL
Zip: 32561 Country:	Zip: 32561 Country:

DO NOT WRITE IN THIS SPACE

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: FAUL KENNETH ETD Street Address (P.O. Box Number is Not Acceptable): 352 FORT PICKENS RD City: PENSACOLA BCH FL Zip Code: 32561

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 **KENNETH E. FAUL** **07/08/2001**
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

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		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BURRELL LISA 346 FT. PICKENS RD. PENSACOLA BEACH FL 32561	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BRANDON, ROBERT (CAPT) 354 FT. PICKENS RD PEMSACOLA BEAHC FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FAUL KENNETH E 352 FT. PICKENS RD PENSACOLA BEACH FL 32561	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DEMILLEY WILLIAM B JR 366 FT PICKENS RD PENSACOLA EBACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HOMYAK JAMES 366 FT PICKENS RD PENSACOLA BEACH FL 32561	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OD ODOM WALLACE 342 FT PICKENS RD PENSACOLA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OD ODOM WALLACE 342 FT PICKENS RD PENSACOLA BEACH FL 32561	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/00)

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: Kenneth E Faul TD 07/08/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #