2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9500005057 03-01-2001 90019 018 ****61.25 SANDCASTLE STORYTELLERS, INC. Principal Place of Business Mailing Address 210 WEST FERN DRIVE 210 WEST FERN DRIVE 31449 ORANGE CITY FL 32762 ORANGE CITY FL 32762 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3366344 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) MENTER, JEANNE 210 WEST FERN DRIVE **ORANGE CITY FL 32762** Zip Code FL 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 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10, 11. TITLE Defete TITLE Change President GANT, RAY NAME Peter Giachetti STREET ADDRESS STREET ADDRESS 309 WHITE PLACE P.O.Box 184, Lake Helen, F1 32744 CITY-ST-7IP CITY-ST-ZIP PORT ORANGE FL 32127 Change Delete TITLE TITLE Treasurer MENTER, JEANNE NAME Jeanne Menter STREET ADDRESS 210 WEST FERN DRIVE STREET ADDRESS 210 W. Fern Dr., Orange City, F1 CITY-ST-ZIP CITY-ST-ZIP **ORANGE CITY FL 32763** Delete TITLE Secretary___ LAWRENCE, MARGARET NAME NASSE Terry Deer, 1032 Tompkins Dr., STREET ADDRESS STREET ADDRESS 3050 SO. PENINSULA DRIVE Port Orange, Fl. 32119 CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32118 Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

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FILED Mar 19, 2001 8:00 am Secretary of State