2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State
02-28-2002 90006 049 ****61.25

DOCUMENT # N95000005057

1. Entity Name

SANDCASTLE STORYTELLERS, INC.

Principal Place of Business	Mailing Address
210 WEST FERN DRIVE ORANGE CITY FL 32762	210 WEST FERN DRIVE ORANGE CITY FL 32762

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
(Various locations)	210 West Fern Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	Orange City Florida
Zip / Country	32763 / USA

4. FEI Number 59-3366344 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MENTER, JEANNE
210 WEST FERN DRIVE
ORANGE CITY FL 32762

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 Jeanne Menter 2/11/02
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	PD GIACHETTI, PETER PO BOX 184 LAKE HELEN FL 32744	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MENTER, JEANNE 210 W FERN DR ORANGE CITY FL 32763	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DEER, TERRY 1032 TOMPKINS DR PORT ORANGE FL 32119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. Pres. DIKE, Jack 1509 W. Winnemissett. ave Deland, FL. 32720	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. Pres Dike, Jack 1509 W. Winnemissette Ave DeLand, FL. 32720	☐ 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 (9/01)

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: Jeanne Menter Treasurer 2/11/02 386-775-6756
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #