

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 8:00 am
Secretary of State

08-14-2001 90007 020 ***558.75

DOCUMENT # P00000031619

1. Entity Name
SEA ISLAND PROPERTIES, INC.

Principal Place of Business
4000 OCEANSHORE BLVD
ORMOND BEACH FL 32176

Mailing Address
4000 OCEANSHORE BLVD
ORMOND BEACH FL 32176



DO NOT WRITE IN THIS SPACE

| | | | |
|---------------------------------------|---------|---|---------|
| 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 <input checked="" type="checkbox"/> Applied For Not Applicable | |
| | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

| | | |
|---|--|--|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent | |
| JOHNSON, RONALD N 326 S GRANDVIEW AVE DAYTONA BEACH FL 32118 | 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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

| | | |
|--|--|---|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|--|---|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HASSLER, TIM 3110 JOHN ANDERSON DR ORMOND BEACH FL 32176 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSTD LEDBETTER, JOHN 3080 JOHN ANDERSON DR ORMOND BEACH FL 32176 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TREADAWAY, CINDY 117 INLET HARBOR RD PONCE INLET FL 32127 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tim Hassler, PRES. 8/7/01 (904)441-6949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)