

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 18, 2001 8:00 am**  
**Secretary of State**

01-18-2001 90015 031 \*\*\*150.00

0396085

**DOCUMENT # P93000067680**

1. Entity Name  
**RUHAMA'S/BOOKS IN THE SAND, INC.**

Principal Place of Business <b>WEST RAILROAD AVE          BOCA GRANDE FL 33921</b>	Mailing Address <b>PO BOX 1672          BOCA GRANDE FL 33921          US</b>
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00003000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>5800 GASPARILLA Rd</b>	3. Mailing Address <b>1672</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Boca Grande, FL</b>	City & State <b>Boca Grande FL</b>
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4. FEI Number <b>65-0440445</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33921</b>	Country <b>Charlotte</b>	Zip <b>33921</b>	Country <b>Charlotte</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**MORRISON, JUDY D. C  
 421 PALM AVE  
 BOCA GRANDE FL 33921**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DEPAULA, HOLLIS J WEST RAILROAD AVE BOCA GRANDE FL 33921</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5800 GASPARILLA Rd BOCA GRANDE, FL 33921</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Hollis J Depaula, President* **1.9.01 (941) 9645800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)