## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # P94000084253 May 01, 2000 8:00 am Secretary of State SAND HAMMOCK RETREAT, INC. 05-01-2000 90049 004 \*\*\*158.75 Mailing Address Principal Place of Business 2 DAVID ST. 2 DAVID ST. SUITE E SUITE E FT. WALTON FL 32547-2557 FT. WALTON FL 32547 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3312959 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HARRIS, BRENDA W Street Address (P.O. Box Number is Not Acceptable) 2 DAVID ST. SUITE E FT. WALTON FL 32547 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. DATE inted name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition TITLE ☐ Delete HARRIS, HAROLD W NAME STREET ADDRESS 2 DAVID ST. SUITE E STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. WALTON FL 32547 ☐ Addition Change ☐ Delete TITLE HARRIS, BRENDA W NAME NAME STREET ADDRESS STREET ADDRESS 2 DAVID ST. SUITE E CITY-ST-ZIP CITY-ST-ZIP \_ FT...WALTON FL 32547. ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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