

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2001 8:00 am**  
**Secretary of State**

05-30-2001 90028 032 \*\*\*158.75

**DOCUMENT # P94000084253**

1. Entity Name

**SAND HAMMOCK RETREAT, INC.**

Principal Place of Business

Mailing Address

**2 DAVID ST.  
 SUITE E  
 FT. WALTON FL 32547  
 US**

**2 DAVID ST.  
 SUITE E  
 FT. WALTON FL 32547  
 US**

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 **59-3312959**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARRIS, BRENDA W  
 2 DAVID ST.  
 SUITE E  
 FT. WALTON FL 32547**

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

*Brenda W. Harris*

**4-27-01**

DATE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when resigning)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
 (See criteria on back)

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HARRIS, HAROLD W</b>	
STREET ADDRESS	<b>2 DAVID ST. SUITE E</b>	
CITY-ST-ZIP	<b>FT. WALTON FL 32547</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HARRIS, BRENDA W</b>	
STREET ADDRESS	<b>2 DAVID ST. SUITE E</b>	
CITY-ST-ZIP	<b>FT. WALTON FL 32547</b>	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

*Brenda Harris Brenda Hackett*

**4/27/01**

**850  
 843-1995**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/00)