

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 11, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90089 019 \*\*\*150.00

**DOCUMENT #** P96000095749

1. Entity Name

SAND DOLLAR RSVP INC.

**DO NOT WRITE IN THIS SPACE**

92492

2. Principal Place of Business

5700 Okeechobee Blvd

Suite, Apt. #, etc.

West Palm Beach, Fl.

City & State

33417

Zip

Country

Palm Beach

3. Mailing Address

3423 Baltusrol Ln.

Suite, Apt. #, etc.

Lake Worth, Fl 33467

City & State

Zip

33467

Country

Palm Beach

4. FEI Number

65-0712154

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Cutcher, David W.

Street Address (P.O. Box Number is Not Acceptable)

171 1st Street

City

West Palm Beach, Fl 33413

FL

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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

P

Cutcher, David W.  
171 1st Street

West Palm Beach, Fl 33413

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP

Cutcher, Steven J.  
3423 Baltusrol Lane

Lake Worth, Fl 33467

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

T

Cutcher, William D.  
3423 Baltusrol Ln

Lake Worth, Fl 33467

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

S

Cutcher, Shirley R.  
3423 Baltusrol Lane Addition  
Lake Worth, Fl 33467

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)