

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000016702

1. Entity Name  
SILVER SANDS DEVELOPMENT, INC.

Principal Place of Business  
2 NW MAPLES ST  
FT WALTON BEACH FL 32548

Mailing Address  
P.O. BOX 327  
FORT WALTON BEACH FL 32549

APPROVED  
AND  
FILED

01 AUG -3 PM 3:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3427599

Applied For  
Not Applicable

Zip Country

Zip Country

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

HARTZOG, PAUL E  
C/O SILVER SANDS DEVELOPMENT  
849 N.E. EGLIN PARKWAY  
FT WALTON BEACH FL 32548

Name Hartzog, Paul E.  
Street Address (P.O. Box Number is Not Acceptable)  
981 N. Bayshore Dr.  
City Valparaiso FL Zip Code 32580

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)

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. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE OP  
NAME HARTZOG, PAUL  
STREET ADDRESS 981 BAYSHORE DRIVE  
CITY-ST-ZIP VAL PARAISO FL 32578 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 981 N. Bayshore Dr.  
CITY-ST-ZIP Valparaiso FL 32580 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-24-01

850-314-0444

CR25034 (5/01)