

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 18, 2000 08:00 AM****Secretary of State****DOCUMENT # P98000089922****1. Entity Name****SANDY VISTA PROPERTIES, INC.****Principal Place of Business**877 EXECUTIVE CENTER DR. W., STE. 303  
GLADES BUILDING  
ST. PETERSBURG FL  
33702**Mailing Address**877 EXECUTIVE CENTER DR. W., STE. 303  
GLADES BUILDING  
ST. PETERSBURG FL  
33702**2. Principal Place of Business**

877 EXECUTIVE CENTER DR. W., STE. 303

**3. Mailing Address**

877 EXECUTIVE CENTER DR. W., STE. 303

**Suite, Apt. #, etc.**

GLADES BUILDING

**Suite, Apt. #, etc.**

GLADES BUILDING

**City & State**

ST. PETERSBURG FL

**City & State**

ST. PETERSBURG FL

Zip  
33702Country  
USZip  
33702Country  
US**4. FEI Number**

Applied For

☒ Not Applicable**5. Certificate of Status Desired**☐ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**MASCARA ERNEST L  
877 EXECUTIVE CENTER DR. W., STE. 303  
GLADES BUILDING  
ST. PETERSBURG FL  
33702**7. Name and Address of New Registered Agent**Name  
MASCARA ERNEST L  
Street Address (P.O. Box Number is Not Acceptable)  
877 EXECUTIVE CENTER DR. W., STE. 303  
GLADES BUILDING  
City  
ST. PETERSBURG FL Zip Code  
33702**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)

**04/18/2000**

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 \$150.00  
After MAY 1, 2000 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 PVST ☐ Delete  
NAME FRASER KEITH  
STREET ADDRESS 17495 GULF BLVD  
CITY-ST-ZIP REDINGTON SHORES FL 33708TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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:** Keith Fraser**PREPARED:** 04/18/2000