

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90003 037 \*\*\*158.75

0283428

**DOCUMENT # P99000101718**

1. Entity Name

**SAND DUNES SHORES REALTY, INC.**

Principal Place of Business

**165 OCEAN AVE.  
 PALM BEACH SHORES FL 33404**

Mailing Address

**165 OCEAN AVE.  
 PALM BEACH SHORES FL 33404**

**927714**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0963503**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **XX** **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, BARBARA F  
 12096 ALT A1A #F8  
 PALM BEACH GARDENS FL 33410**

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 \_\_\_\_\_

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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WILSON, PAULA R</b> <b>108 CLAREMONT LANE, APT #4</b> <b>PALM BEACH SHORES FL 33404</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>WILSON, PAULA R</b> <b>108 CLAREMONT LANE APT #4</b> <b>PALM BEACH SHORES FL 33404</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WILSON, PAULA R</b> <b>108 CLAREMONT LANE APT-4</b> <b>PALM BEACH SHORES FL 33404</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WILSON, PAULA R</b> <b>108 CLAREMONT LANE APT-4</b> <b>PALM BEACH SHORES FL 33404</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILSON, PAULA R</b> <b>108 CLAREMONT LANE APT4</b> <b>PALM BEACH SHORES FL 33404</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MURRAY, MIKI S</b> <b>605 6TH LANE</b> <b>PALM BEACH GARDENS FL 33418</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Barbara S. Miller  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-01 561/848-2581  
 Date Daytime Phone #

CR2E034 (10/00)