

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V06731

1. Entity Name

SAND DOLLAR CRUISES, INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90083 030 ***150.00

Principal Place of Business

M AND M MARINE
18901 SAN CARLOS BLVD
FT MYERS BEACH FL 33931
US

Mailing Address

5998 GREY FOX RUN
FT MYERS FL 33912
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 **65-0314513**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAND, ROBERT G.
5998 GREY FOX RUN
FT MYERS FL 33912

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HAND, ROBERT G.
5998 GREY FOX RUN
FT MYERS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
WALKER, CHARLES J.
5998 GREY FOX RUN
FT MYERS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
WIEGMANN, LARRAINE
5998 GREY FOX RUN
FT. MYERS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Hand

Date

Daytime Phone

April 4-01

(941)
489-
1626

CR2E034 (10/00)