

DOCUMENT # 652920
1. Entity Name
SAND DOLLAR REALTY, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FL 32399



3/7/00 900391012 #01.25
DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1069 MAIN STREET
P. O. BOX 781390
SEBASTIAN FL 32978-1390
US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

4. FEI Number 59-1980614 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
LULICH, STEVEN
1069 MAIN STREET
SEBASTIAN FL 32958

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 17 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LULICH, STEVEN	
STREET ADDRESS	1069 MAIN STREET	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LULICH, STEVEN	
STREET ADDRESS	1069 MAIN STREET	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	LULICH, LINDA	
STREET ADDRESS	1069 MAIN STREET	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 3-3-00 Daytime Phone #: 561 989-5500

CR2E034 (9/99)