

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90122 044 ***150.00

DOCUMENT # 267087

1. Entity Name

THE BEACHCOMBERS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

**N TAMIAMI TRAIL
P O BOX 250
FT MYERS FL 33902**

**N TAMIAMI TRAIL
P O BOX 250
FT MYERS FLA 33902-0250**

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 **59-1032784**

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

7. Name and Address of New Registered Agent

**CHERNIN, HARRY A.
1206 PLUMOSA DR.
FORT MYERS FL 33902**

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, 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	VTD	<input type="checkbox"/> Delete
NAME	CHERNIN, IRWIN	
STREET ADDRESS	900 STRANGLER FIG LANE	
CITY-ST-ZIP	SANIBEL ISLAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORREALE, LESLIE CHERNIN	
STREET ADDRESS	1264 CALOOSA DRIVE	
CITY-ST-ZIP	FT MYERS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROMSTADT, NANCY CHERNIN	
STREET ADDRESS	4187 ERINDALE DRIVE	
CITY-ST-ZIP	NORTH FORT MYERS FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CHERNIN, HARRY	
STREET ADDRESS	1206 PLUMOSA DRIVE	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VEREB, ELIZABETH C.	
STREET ADDRESS	19540 GOTTARDE ROAD	
CITY-ST-ZIP	NORTH FORT MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5692 SHADDELEE LANE	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Nancy Romstadt
REQUIRED

Nancy Romstadt

4/21/00

(941) 731-2111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #