

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90061 021 ***150.00

DOCUMENT # 517936

1. Entity Name

ISLAND HOUSE BEACH CLUB, INC.

Principal Place of Business

Mailing Address

2560 ESTERO BLVD.
 FT. MYERS BCH FL 33931

2560 ESTERO BLVD.
 FT. MYERS BCH FL 33931-3341

00004330



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1832061**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHNEEBERGER, PAUL
2560 ESTERO BLVD
FT MYERS FL 33931

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

TITLE **DV** Delete
 NAME **KROULADIS, JIM**
 STREET ADDRESS **2560 ESTERO BLVD**
 CITY-ST-ZIP **FT MYERS BCH, FL 00000**

TITLE **DV** Delete
 NAME **MESSINA, JOE**
 STREET ADDRESS **2560 ESTERO BLVD**
 CITY-ST-ZIP **FT MYER BCH, FL 00000**

TITLE **DVST** Delete
 NAME **BOYER, NORMAN**
 STREET ADDRESS **2560 ESTERO BLVD**
 CITY-ST-ZIP **FT MYER BCH, FL 00000**

TITLE **DP** Delete
 NAME **SCHNEEBERGER, PAUL**
 STREET ADDRESS **2560 ESTERO BLVD**
 CITY-ST-ZIP **FT MYER BCH, FL 00000**

TITLE **DV** Delete
 NAME **WILSON, GARY**
 STREET ADDRESS **2560 ESTERO BLVD**
 CITY-ST-ZIP **FT MYERS FL 33931**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Delete
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TITLE Change Delete
 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:

Norman Boyer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
NORMAN BOYER

12/31/99

941-463-7291
 Daytime Phone #