

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728231

1. Entity Name

COCOA BEACH TOWERS MANAGEMENT, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90017 013 ****61.25

Principal Place of Business 220 YOUNG AVE. #15 COCOA BEACH FL 32931 US	Mailing Address 220 YOUNG AVE #15 COCOA BEACH FL 32931-3945 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1568144	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAPP, WILLIAM
630 S. BREVARD AVE
#1131
COCOA BEACH FL 32931

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 WILLIAM Chapp, President William V. Chapp 2-2-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOJEWODA, EUGENE 830 N ATLANTIC AVE #1604 COCOA BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYER, LEO 5151 RIVERSIDE DR. E. #903 WINDSOR ON N8-54R5	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAPP, WILLIAM 630 S BREVARD AVE., #1131 COCOA BEACH FL 32931	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SOTAK, MICHAEL 832 MAXWELL PL LANDSDALE PA 19446	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ETHERTON, RUTH 511 INVERNESS MELBOURNE FL 32940	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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 STREET ADDRESS CITY-ST-ZIP	TD Pryor, JAMES 81 COVE Rd. Bristol, Ct 06010	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM CHAPP William V. Chapp 2-2-00 407-783-8629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)