

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728231

1. Entity Name

COCOA BEACH TOWERS MANAGEMENT, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90084 017 ****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
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FL

City & State

4. FEI Number

59-1568144

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

William V. Chapp

DATE

4-23-01

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S
NAME WOJEWODA, EUGENE ☐ Delete
STREET ADDRESS 830 N ATLANTIC AVE #1604
CITY-ST-ZIP COCOA BEACH FL

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

TITLE D
NAME MEYER, LEO ☒ Delete
STREET ADDRESS 5151 RIVERSIDE DR. E. #903
CITY-ST-ZIP WINDSOR ON N8-54R5

TITLE VPD
NAME ELIZABETH HUSSEY ☐ Change ☒ Addition
STREET ADDRESS 1200 AUDUBON PL.
CITY-ST-ZIP Orlando, FL 32804

TITLE PD
NAME CHAPP, WILLIAM ☐ Delete
STREET ADDRESS 630 S BREVARD AVE., #1131
CITY-ST-ZIP COCOA BEACH FL 32931

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

TITLE TD
NAME PRYOR, JAMES ☐ Delete
STREET ADDRESS 81 LOVE RD
CITY-ST-ZIP BRISTOL CT 06010

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

TITLE VPD
NAME ETHERTON, RUTH ☐ Delete
STREET ADDRESS 511 INVERNESS
CITY-ST-ZIP MELBOURNE FL 32940

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William V. Chapp
Date

Daytime Phone #

321-784-6214

CR2E037 (10/00)