

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 744246**

1. Entity Name

TENCON BEACH ASSOCIATION, INC.**FILED****Sep 01, 2000 8:00 am**
Secretary of State

09-01-2000 90062 023 ****61.25

Principal Place of Business

C/O JOSEPH P. IARIA
1511 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228

Mailing Address

C/O JOSEPH P. IARIA
1511 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228

2. Principal Place of Business

1511 Gulf of Mexico Dr

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Longboat Key FL 34228

Zip

34228

Country

Zip

Country

4. FEI Number

65-0624369

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

RITCHEY, JAMES L
200 SOUTH ORANGE AVENUE
SARASOTA FL 34236

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

FILE NOW: FEE IS \$61.25**After September 13, 2000 min. will be \$236.25**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	JACOBSON, JOSEPH M.	
STREET ADDRESS	885 CHARRINGTON	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48301	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BOZZI, BRUCE	
STREET ADDRESS	737 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	STD	<input type="checkbox"/> Delete
NAME	IARIA, JOSEPH P.	
STREET ADDRESS	1511 GULF OF MEXICO DRIVE	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN PULS	
STREET ADDRESS	5138 W LONGFELLOW AVE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL SKVERSKY	
STREET ADDRESS	37 SPRUCE DR	
CITY-ST-ZIP	MEDFORD NJ 08055	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUNE HALEY	
STREET ADDRESS	11311 STONYBROOK DR	
CITY-ST-ZIP	GRAND BLANC MI 48439	
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)