

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

0074976

**DOCUMENT # 744246**

1. Entity Name

**TENCON BEACH ASSOCIATION, INC.**

02-19-2001 90004 030 \*\*\*\*61.25

Principal Place of Business

Mailing Address

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

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

*CHANGE TO*

**C0021695**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

c/o JUNE HALEY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1511 GULF OF MEXICO DR

1511 GULF OF MEXICO DR

City & State

City & State

LONGBOAT KEY FL 34228

LONGBOAT KEY FL 34228

4. FEI Number

**65-0624369**

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

**RITCHEY, JAMES L**  
**200 SOUTH ORANGE AVENUE**  
**SARASOTA FL 34236**

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**

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: PD  
 NAME: JACOBSON, JOSEPH M.  
 STREET ADDRESS: 885 CHARRINGTON  
 CITY-ST-ZIP: BLOOMFIELD HILLS MI 48301  
 Delete

TITLE: PD  
 NAME: PULS, JOHN  
 STREET ADDRESS: 5138 W LONGFELLOW AVENUE  
 CITY-ST-ZIP: TAMPA FL 33629  
 Change  Addition

TITLE: VD  
 NAME: BOZZI, BRUCE  
 STREET ADDRESS: 737 PARK AVENUE  
 CITY-ST-ZIP: NEW YORK NY-10021  
 Delete

TITLE: VD  
 NAME: PAUL SKVERSKY  
 STREET ADDRESS: 37 SPRUCE DR  
 CITY-ST-ZIP: MEDFORD NJ 08055  
 Change  Addition

TITLE: STD  
 NAME: IARIA, JOSEPH P.  
 STREET ADDRESS: 1511 GULF OF MEXICO DRIVE  
 CITY-ST-ZIP: LONGBOAT KEY FL 34228  
 Delete

TITLE: STD  
 NAME: JUNE HALEY  
 STREET ADDRESS: 11311 STONYBROOK DR  
 CITY-ST-ZIP: GRAND BLANC MI 48439  
 Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  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:

*Joseph P. Iaria*  
 JOSEPH P. IARIA, REGISTERED AGENT

1/29/01

941-383-7446

Date

Daytime Phone #

CR2E037 (10/00)