

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2002 8:00 am**  
**Secretary of State**

02-06-2002 90003 045 \*\*\*\*61.25

0.1373

**DOCUMENT # 744977**

1. Entity Name

**BEACHPLACE ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**1109 GULF OF MEXICO DRIVE  
 LONGBOAT KEY FL 34228**

**1109 GULF OF MEXICO DRIVE  
 LONGBOAT KEY FL 34228**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1936363**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCFARLANE, ROBERT  
 1109 GULF OF MEXICO DR.  
 LONGBOAT KEY FL 34228**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	KESSLER, BEN	1115 GULF OF MEXICO DR. #303	LONGBOAT KEY FL 34228	<input type="checkbox"/>
SD	LEVY, MELVIN	1085 GULF OF MEXICO DR. #204	LONGBOAT KEY FL	<input type="checkbox"/>
D	BECKER, DAVID	1075 GULF OF MEXICO DR #504	LONGBOAT KEY FL	<input type="checkbox"/>
VPD	DENNEBAUM, PAUL	1085 GULF OF MEXICO DR. #603	LONGBOAT KEY FL	<input type="checkbox"/>
TD	MAZZIOTTI, ANTHONY	1105 GULF OF MEXICO DR. #101	LONGBOAT KEY FL 34228	<input type="checkbox"/>
PD	KEELIN, JOHN	1055 GULF OF MEXICO DRIVE 602	LONGBOAT KEY FL 34228	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: \_\_\_\_\_

*Melvin Levy*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-02 941/383-4076  
 Date Daytime Phone #

CR2E037 (9/01)