

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 811028

1. Entity Name

BEACH SIDE APARTMENTS INC

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90089 042 \*\*\*150.00

Principal Place of Business

Mailing Address

624 ANTIOCH AVE  
FORT LAUDERDALE FL 33304

BUCK, DAVID.E.PA.CPA  
2900 E OAKLAND PARK BLVD #103  
FT LAUDERDALE FL 33306-1804  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0998271

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

BUCK, DAVID E.  
2900 E. OAKLAD PARK BLVD.  
#103  
FORT LAUDERDALE FL 33306

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME JUNDT, DALE G  
STREET ADDRESS 624 ANTIOCH AVE, #14  
CITY-ST-ZIP FT LAUDERDALE FL 33304

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

TITLE D ☒ Delete  
NAME GUILLAUMIN, JULES  
STREET ADDRESS 624 ANTIOCH AVE., #7  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE SECRETARY ☐ Change ☒ Addition  
NAME LENOR BERGSTROM  
STREET ADDRESS 624 ANTIOCH AVE #17  
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE P ☒ Delete  
NAME PARENT, RAYMOND  
STREET ADDRESS 624 ANTIOCH AVENUE, #4  
CITY-ST-ZIP FORT LAUDERDALE FL

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

TITLE VP ☒ Delete  
NAME STEEH, LAWRENCE  
STREET ADDRESS 624 ANTIOCH AVENUE, #20  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE VICE PRESIDENT ☐ Change ☒ Addition  
NAME LEE DEMARIS  
STREET ADDRESS 624 ANTIOCH AVE #17  
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE T ☐ Delete  
NAME MCDONOUGH, VIVIAN  
STREET ADDRESS 624 ANTIOCH AVE, #13  
CITY-ST-ZIP FTR LAUDERDALE FL

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

TITLE S ☒ Delete  
NAME CASPER, JOAN  
STREET ADDRESS 624 ANTIOCH AVE, #9  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ~~XXXXXXXXXX~~ DIRECTOR ☐ Change ☒ Addition  
NAME MIKE JEFFRIES  
STREET ADDRESS 624 ANTIOCH AVE #2  
CITY-ST-ZIP FORT LAUDERDALE FL 33304

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Vivian M. McDonough*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-00

Date

(954) 327-6027

Daytime Phone #

CR2E034 (9/99)