

# 2001 UNIFORM BUSINESS REPORT (UBR)

0020108 AF

DOCUMENT # L00000004227

1. Entity Name  
BEACH ROAD INN, LLC

**FILED**  
01 FEB 13 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
629 LIGHTHOUSE WAY  
SANIBEL FL 33957

Mailing Address  
629 LIGHTHOUSE WAY  
SANIBEL FL 33957

2. Principal Place of Business  
**764 BEACH RD**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.  
**SAME**

City & State  
**SANIBEL FL**

Suite, Apt. #, etc.  
**SAME**

City & State  
**SAME**

4. FEI Number  
**522236609**

Applied For  
 Not Applicable

Zip  
**33957**

Country  
**USA**

Country  
**LEE CO**

Zip  
**33957**

Country  
**FL**

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

LOMANO, JACK M M.D.  
629 LIGHTHOUSE WAY  
SANIBEL FL 33957

**7. Name and Address of New Registered Agent**

Name  
**JACK LOMANO**

Street Address (P.O. Box Number is Not Acceptable)  
**629 LIGHTHOUSE WAY**

City  
**SANIBEL FL**

Zip Code  
**33957**

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 DATE **1-29-01**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

**9. MANAGING MEMBERS / MEMBERS**

**10. ADDITIONS / CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LOMANO, JACK M M.D. 629 LIGHTHOUSE WAY SANIBEL FL 33957</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<p><b>100003709131--0</b></p> <p><b>-02/19/01--01831-003</b></p> <p><b>*****50.00 *****50.00</b></p>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DATE: **1-29-01** DAYTIME PHONE #: **941-395-1324**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)