

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90066 007 \*\*\*\*61.25

**DOCUMENT # N00375**  
 Entity Name  
**BEAUMONT HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
 6590 SW 13TH STREET 6590 SW 13TH STREET  
 PLANTATION FL 33317-5154 PLANTATION FL 33317-5154  
 US US

Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country

4. FEI Number **65-0216570** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional  
 Fee Required

**CU043944**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 MACK, HENRY W  
 6590 SW 13 ST  
 PLANTATION FL 33317

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

**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**

OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
DELETE	PD MACK, HENRY W. 6590 S.W. 13 STREET PLANTATION FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DELETE	DS MCLEOD, JULIA 6560 SW 13TH ST. PLANTATION FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DELETE	DT DYTKOWSKI, ROBERT J. 6540 SW 13TH ST PLANTATION FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DELETE	D GRADA, GEORGE 1211 SW 65TH AVE PLANTATION FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DELETE	VD KUCHENREUTHER, LEO 1211 SW 65TH ST PLANTATION FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DELETE	D MCLEOD, ALISTAIR 6540 SW 13TH ST PLANTATION FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: Henry W. Mack DATE: 01/04/2000 (954) 791-1816  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)