

2002 UNIFORM BUSINESS REPORT (UBR)

0017413

DOCUMENT # N39087

1. Entity Name
BEACHSIDE NEIGHBORHOOD WATCH, INC.

FILED
02 NOV 25 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business P.O. BOX 3201 DAYTONA BEACH FL 32118	Mailing Address P.O. BOX 3201 DAYTONA BEACH FL 32118
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 59-3026450	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HECKMAN, FRANK P., III
46 S. OLEANDER AVE
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **REINSTATEMENT** Zip Code **32118**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE FRANK P HECKMAN III *Frank P Heckman III* **NOV 12 2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, min. will be \$236.25.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D HECKMAN, FRANK P., III 46 S. OLEANDER AVE DAYTONA BEACH FL 32118	<input type="checkbox"/>
D LANE, WILLIAM B 435 N. GRANDVIEW AVE. DAYTONA BEACH FL 32118	<input type="checkbox"/>
DT SCHULTE, GLENDA J 505 SILVER BEACH AVE DAYTONA BEACH FL 32118	<input type="checkbox"/>
D BETTY STEPHENS 3 FOUNTAIN BLEU CIR. DAYTONA BEACH FL	<input type="checkbox"/>
SECRETARY PAM LAUER 444 SEAGREEN BLVD DAYTONA BEACH FL 32118	<input type="checkbox"/>
[Blacked out]	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
500008600365 10/25/02--01109--020 **236.25	<input type="checkbox"/>
[Empty]	<input type="checkbox"/>
[Empty]	<input type="checkbox"/>
[Empty]	<input type="checkbox"/>
[Empty]	<input type="checkbox"/>
[Empty]	<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: *Frank P Heckman III* **FRANK P HECKMAN III** **NOV 12 2002** 281.255.4071

CR2E037 (4/02)