2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9200001011

1. Entity Nam) BEACH SEAFOOD FESTIVA	L CORPORATION			05-0	96-2003 90	033 017	****70.0	00
Principal Plac P O BOX 5002 LIGHTHOUSE I US		Mailing Address P O BOX 50025 LIGHTHOUSE POINT FL 33074 US			I SORIULI DIR INSKI I	1 4 11 84 11 81 11 8			10. H14 H10.
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 65-0	398663		1 1	pplied For ot Applicable
Zip Country		Zip	Country			8.75 Add	ditional		
	6. Name and Address of Current I	Registered Agent			7. Name and Addres	s of New Red	istered A	aent	
			Name	·····				g	
JOHN C GOOD 1300 SE 13TH AVE DEERFIELD BCH FL 33441			Street A	Street Address (P.O. Box Number is Not Acceptable)					
			City				FL	Zip Cod	e
the obligat	ions of registered agent. Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signat	ture required wh	en reinstating)		DATE		
	FILE NOW: FEE IS \$61.25	oalgn Financing ontribution.		5.00 May Be dded to Fees			Payable ment of S	to State	
10.	OFFICERS AND DIR	ECTORS	11.	AD	DITIONS/CHANGES	TO OFFICERS	AND DIR	ECTORS IN	10
TITLE	P	□ Delete	TITLE		 	···		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	CORRELL, GARY PO BOX 699030 NA MIAMI FL		NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>					
TITLE NAME STREET ADDRESS	VP MAUS, PHIL	☐ Delete	TITLE NAME		 			Change	Addition
CITY-ST-ZIP	PO BOX 5190 NA LIGHTHOUSE POINT FL		STREET ADDRESS CITY-ST~ZIP			~ * * * * * * * * * * * * * * * * * * *		·• ·	
NAME STREET ADDRESS CITY-ST-ZIP	T EBERT, STEVE 1900 N FEDERAL HWY POMPANO BEACH FL 33062	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ross 240 Pomp	McKelvey I E. Atlan I ano Beac	tic Blu hec 3	rd. 4# 1306	□ Change Z/O Z	Addition
NAME STREET ADDRESS CITY-ST-ZIP	t Seitz, Charles 125 n Riverside dr Pompano Beach Fl	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ann 651 Pom	e Dufres sw 8 S panoBeac	ne h,Fl	330	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIORGIO, THOMAS D 1701 EAST ATLANTIC BLVD #5 POMPANO BEACH FL	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tony 2200 Pom	Newbold o E Atlant pano Bec	tic Bi	/rd	□ Change	Addition
TITLE	T	☐ Delete	TITLE]		.		☐ Change	☐ Addition

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 frustee employeed 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

CARR. PATRICIA

1661 E SAMPLE RD

POMPANO BCH FL 33064

FILED

May 06, 2003 8:00 am § Secretary of State