

2000 UNIFORM BUSINESS REPORT (UBR)

8/11/00 000001 001 0000 00 0000 00

DOCUMENT # P99000101232

1. Entity Name
BEACHER'S LODGE RENTALS, INC.

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-11-2000 90003 021 ***550.00

Principal Place of Business
6970 A1A SOUTH
ST AUGUSTINE FL 32086

Mailing Address
6970 A1A SOUTH
ST AUGUSTINE FL 32086



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

FEI Number
59-3543903

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HAGLER, KENNETH D
5 PALM ROW
ST AUGUSTINE FL 32084

7. Name and Address of New Registered Agent
Name **BURK B. BRINTON**
Street Address (P.O. Box Number is Not Acceptable)
1951 AFTON LN
City **JACKSONVILLE** FL Zip Code **32211**

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 *Burk B. Brinton* (NOTE: Registered Agent signature required when reinstating)
DATE **Aug 3, 2000**

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. BURK B. BRINTON <input type="checkbox"/> Delete 1951 AFTON LN. JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. TRES. NATHAN BANES <input type="checkbox"/> Delete 3371 N.W. 37 ST GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOSEPH PACEK <input type="checkbox"/> Delete 210 N. GRANDVIEW ST MT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEE SCHANK <input type="checkbox"/> Delete 1010 GOLDEN LOVE DR MONETH, VA 24121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	THOMAS S. EDWARDS <input type="checkbox"/> Delete P.O. Box 51429 JACKSONVILLE BEACH, FL 32240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Vice President Tres
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition officer Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition officer Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition officer Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Burk B. Brinton* **Aug 3, 2000** 904-354-7170

CR2E034 (5/00)