

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-25-2002 90001 007 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101232

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

Principal Place of Business Mailing Address
6970 A1A SOUTH 6970 A1A SOUTH
ST AUGUSTINE FL 32086 ST AUGUSTINE FL 32086



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3543902		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
BRINTON, BURK B 1957 AFTON LN JACKSONVILLE FL 32211				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '02		
TITLE	P PRESIDENT	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRINTON, BURK B		NAME	H. RAY HERMAN	
STREET ADDRESS	1951 AFTON LN		STREET ADDRESS	620 A1A BEACH BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32211		CITY-ST-ZIP	ST AUGUSTINE, FL 32080	
TITLE	VPT VICE PRESIDENT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANES, NATHAN		NAME		
STREET ADDRESS	3371 NW 37 ST		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32605		CITY-ST-ZIP		
TITLE	OD PAK SECRETARY	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, JOSEPH		NAME		
STREET ADDRESS	210 N GRANDVIEW ST		STREET ADDRESS		
CITY-ST-ZIP	MOUNT DORA FL 32757		CITY-ST-ZIP		
TITLE	OD SCHANK, LEE	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHANK, LEE		NAME		
STREET ADDRESS	1010 GOLDEN LOVE DR		STREET ADDRESS		
CITY-ST-ZIP	MONETA VA 24121		CITY-ST-ZIP		
TITLE	OD DIRECTOR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, THOMAS S		NAME		
STREET ADDRESS	P O BOX 51429		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32240		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address other than the one like employed.

SIGNATURE: BURK B BRINTON **BURK B BRINTON** 03/10/02
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)