

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90165 020 ***150.00

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DOCUMENT # P99000101232

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



Principal Place of Business
**6970 A1A SOUTH
ST AUGUSTINE FL 32080**

Mailing Address
**6970 A1A SOUTH
ST AUGUSTINE FL 32080**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3543903

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **P BRINTON, BURK B**
STREET ADDRESS **1951 AFTON LN**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VPT BANES, NATHAN**
STREET ADDRESS **3371 NW 37 ST**
CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **ST PASAK, JOSEPH**
STREET ADDRESS **210 N GRANDVIEW ST**
CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **OD EDWARDS, THOMAS S**
STREET ADDRESS **P O BOX 51429**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32240**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D HERMAN, RAY R HERMANN, HENRY R.**
STREET ADDRESS **620 A1A BEACH BLVD.**
CITY-ST-ZIP **ST. AUGUSTINE FL 32080**

TITLE Change Addition
NAME **Hermann, Henry R**
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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: *[Signature]* **RESTORE DIRECT Joseph Pasak 2.16.03 352.383.7662**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)