

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715752

1. Entity Name

BOCA GRANDE BEACH CLUB ASSOCIATION, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90047 044 ****61.25

Principal Place of Business

Mailing Address

BOX 231
BOCA GRANDE FL 33921
US

BOX 231
BOCA GRANDE FL 33921-0231
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2271634

Applied For

Not Applicable

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

BOCA GRADE REAL ESTATE INC
430 W FOURTH ST
BOCA GRANE FL 33921

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COLVIN, STEPHEN	
STREET ADDRESS	1139 NORTH PATTON AVE	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL	
TITLE	VO	<input type="checkbox"/> Delete
NAME	KING, DEEN	
STREET ADDRESS	475 RIFLE RANGE RD	
CITY-ST-ZIP	BARTOW FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCANLON, JAMES	
STREET ADDRESS	20716 GREENWOOD CT	
CITY-ST-ZIP	OLYMPIA FIELDS IL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	COEY, EDGAR	
STREET ADDRESS	320 GULF BLVD #4A	
CITY-ST-ZIP	BOCA GRANDE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CANNELLA, NORMAN	
STREET ADDRESS	4608 RICHARDS CT	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEAUMONT, DINA	
STREET ADDRESS	9720 OWEN BROWN RD	
CITY-ST-ZIP	COLUMBIA MD 21045	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

THOMAS C MAGNAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8 FEB 00

Daytime Phone #

941-964-0963

CR2E037 (9/99)