

2000 UNIFORM BUSINESS REPORT (UBR)

5

DOCUMENT # N99000002194

1. Entity Name

BEACHES ENDURANCE SPORTS TEAM, INC.

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-18-2000 90465 037 ****61.25

Principal Place of Business

Mailing Address

974 OWEN AVENUE
JACKSONVILLE BEACH FL 32250

974 OWEN AVENUE
JACKSONVILLE BEACH FL 32250-3183

2. Principal Place of Business

3. Mailing Address

974 OWEN AVENUE

974 OWEN AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3540523

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

HATTEN, DAVID K
974 OWEN AVENUE
JACKSONVILLE BEACH FL 32250

Name

Street Address (P.O. Box Number is Not Acceptable)

974 OWEN AVENUE

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: PRESIDENT-DIRECTOR
NAME: CRAIG B. O'NEAL
STREET ADDRESS: 83015 AIA NORTH # 325
CITY-ST-ZIP: PONTE VERA BEACH, FL 32282

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: TREASURER-DIRECTOR
NAME: DAVID K. HATTEN
STREET ADDRESS: 974 OWEN AVENUE
CITY-ST-ZIP: JACKSONVILLE BEACH, FL 32250

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: DIRECTOR
NAME: JOHN PRETZEL
STREET ADDRESS: 2301 FOXHAVEN DR. E.
CITY-ST-ZIP: JACKSONVILLE, FL 32224

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☒ Addition

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Delete

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Delete

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Delete

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ 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 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: *David K. Hatten* DAVID K. HATTEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/00 904-241-5037
Date Daytime Phone #

CR2E037 (9/99)