2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N11239

LONGBOAT KEY FL 34228

Suite, Apt. #, etc.

City & State

SUITE 201

Zip

2. Principal Place of Business

595 BAY ISLES ROAD

LONGBOAT KEY FL 34228

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1. Entity Name Principal Place of Business Mailing Address BETH CALLANS MANAGEMENT CORP. BETH CALLANS MANAGEMENT CORP. 595 BAY ISLES RD SUITE 201

595 BAY ISLES RD SUITE 201 LONGBOAT KEY FL 34228 US 3. Mailing Address

Suite, Apt. #, etc.

City & State

FILED Apr 17, 2003 8:00 am Secretary of State 04-17-2003 90646 024 ****61.25



8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both purpose and or minimum materials with, and accept the obligations of registered agent.

Country

Name

Street A

City

SIGNATURE

printed name of registered agent and title if applicable

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Country

BETH CALLANS MANAGEMENT CORP.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

The state of

Make Check Payable to Florida Department of State

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition TITLE ☐ Delete TITLE Change CAMPBELL, JAMES 2110 HARBOURSIDE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGBOAT KEY FL 34228 TITLE Delete TITLE ☐ Change Addition HERNSTAST, JOHN NAME NAME BENNETT, STEWART 2110 HARBOURSIDS DR # 512 STREET ADDRESS 2120 HARBOURSIDE DR STREET ADDRESS LONGBOAT KEY, FL CITY-ST-ZIP CITY-ST-ZIP Longboat Key FL 34228 TITLE ☐ Delete TITLE Change ☐ Addition WEBER, RICHARD NAME NAME STREET ADDRESS 2110 HARBOURSIDE DR STREET ADDRESS CITY-ST-7IP CITY-ST-7IP LONGBOAT KEY FL 34228 Addition TITLE Delete TITLE ☐ Change DAM, EUGENE 2110 HARBOURSIDE DR # 545 Jerome, Gail NAME NAME STREET ADDRESS 2120 HARBOURSIDE DR STREET ADDRESS CITY-ST-ZIP LONGBOAT KEY FL 34428 CITY-ST-ZIP LONGBOAT KOM, FL Addition D Delete TITLE Change WALKER, CHERYL PASKOW, HERB NAME NAME 2120 HARBOURSIDE DR # 645 STREET ADDRESS 2110 HARBOURSIDE DR STREET ADDRESS CITY-ST-ZIP LONGBOAT KEY FL 34228 CITY-ST-ZIP LONGBOAT KET, FL 34228 TITLE ☐ Delete TITLE ☐ Change Addition O'BRIEN, JOHN NAME STREET ADDRESS 2110 HARBOURSIDE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LONGBOAT KEY FL 34228**

12. I hereby certify that the information supplied with this filling 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 supplement is 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 true 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.

RICHARD L. LUEBER SIGNATURE: