

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N14487

FILED
Apr 30, 2003
Secretary of State

Entity Name: THE BEACH AND TENNIS RESORT ASSOCIATION, INC.

Current Principal Place of Business:

10 OCEAN TRACE RD
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

10 OCEAN TRACE RD
ST. AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 59-2682687

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, ALLEN
101 ORANGE ST
ST AGUSTINE ST., FL 32084

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: ALLIGOOD, GARY
Address: 10 OCEAN TRACE RD
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D () Delete
Name: EMORY, WILLIAM A.
Address: 3761 MARIANNA RD
City-St-Zip: JACKSONVILLE, FL

Title: VTD () Delete
Name: QUARTO, DONITA
Address: 2940 CN ARNOLD RD
City-St-Zip: ST AUGUSTINE, FL

Title: D () Delete
Name: GATES, ALYS
Address: 16100 HARBOR VISTA CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY ALLIGOOD

PSD

04/30/2003

Electronic Signature of Signing Officer or Director

Date