

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 12, 2000 8:00 am  
Secretary of State**

01-12-2000 90114 027 \*\*\*150.00

A0002074



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # 473630</b>			
<b>1. Entity Name</b> HOWARD C. BEACH, INC.			
<b>Principal Place of Business</b> 1700 MIDNIGHT PASS RD. SARASOTA FL 34242		<b>Mailing Address</b> 6400 MIDNIGHT PASS RD. SARASOTA FL 34242-3411	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>  BEACH, HOWARD C <del>1710 MAIN ST.</del> SARASOTA FL 34236		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 6400 MIDNIGHT PASS RD SARASOTA City FL Zip Code 34242	
<b>4. FEI Number</b> 59-1580581 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>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.</b>			
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> <b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>			
<b>10. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>11. OFFICERS AND DIRECTORS</b>			
TITLE	VP	<input type="checkbox"/> Delete	
NAME	BEACH, WARD C.		
STREET ADDRESS	2800 CHEROKEE TERRACE		
CITY-ST-ZIP	SARASOTA FL		
TITLE	PD	<input type="checkbox"/> Delete	
NAME	BEACH, HOWARD C		
STREET ADDRESS	2800 CHEROKEE TERRACE		
CITY-ST-ZIP	SARASOTA FL		
TITLE	S	<input type="checkbox"/> Delete	
NAME	BEACH, HOWARD C		
STREET ADDRESS	2800 CHEROKEE TERRACE		
CITY-ST-ZIP	SARASOTA FL		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
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			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
<b>13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> <u>Ward C Beach</u> <b>WARD C. BEACH</b> <u>1/5/00</u> <u>941-349-2121</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (9/99)