

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 654533

1. Entity Name

EASTERN BEACH SERVICE OF PENSACOLA, INC.

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90098 049 \*\*\*150.00

Principal Place of Business

Mailing Address

38145 5TH AVENUE  
ZEPHYRHILLS FL 33541

38145 5TH AVENUE  
ZEPHYRHILLS FL 33541-4974

633052



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1993074

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

DONAHUE, BRADFORD F  
~~1103 VIA DE LUNA~~  
PENSACOLA BEACH FL 32561

Name

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

943 CORONADO DR

City

GULF BREEZE FL

Zip Code

32561

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DP	HICKEY, EDWARD F	38145 5TH AVENUE	ZEPHYRHILLS FL				
DVP	DONAHUE, BRADFORD F	38145 5TH AVENUE	ZEPHYRHILLS FL				

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.

SIGNATURE: X

SIGNATURE REQUIRE

Bradford Donahue X

Date

Daytime Phone #

850

932-5505