

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720669

1. Entity Name

WHITNEY BEACH CONSERVANCY, INC.

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

06-05-2000 90014 026 ****61.25

Principal Place of Business

Mailing Address

6812 GULF OF MEXICO DRIVE
P O BOX 527
LONGBOAT KEY FL 34228-1334

6812 GULF OF MEXICO DRIVE
P O BOX 527
LONGBOAT KEY FL 34228-0527

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1362198

Applied For

Not Applicable

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

GOLDSTEIN, HAROLD
6700 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228

Name

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PT GOLDSTEIN, HAROLD 6700 GULF OF MEXICO DR. #138 LONGBOAT KEY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SEBOLD, GLORIA 6700 GULF OF MEXICO DR 137 LONGBOAT KEY FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT RAHM, BETTY 6800 GULF OF MEXICO DRIVE APT 204 LONGBOAT KEY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ROSENSWEET, PAULA 6701 GULF OF MEXICO DRIVE APT 335 LONGBOAT KEY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KELEGHER, GEROGE 6750 GULF OF MEXICO DR, UNIT 158 LONGBOAT KEY FL 34228	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLDSTEIN, HAROLD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAHM, BETTY	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSENSWEET, PAULA 6750 GULF OF MEXICO Dr., #160 Longboat Key, FL 34228	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELEGHER, GEORGE 6750 GULF OF MEXICO Dr., # 158 Longboat Key, FL 34228	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOLDSTEIN, PHYLLIS 6700 GULF OF MEXICO Dr., #138 Longboat Key, FL 34228	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, ECHARLES 6800 GULF OF MEXICO, # 202 Longboat Key, FL 34228	☐ 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:

SIGNATURE REQUIRED

5-1-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)