

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90135 026 \*\*\*\*61.25

**DOCUMENT # 720669**

1. Entity Name

**WHITNEY BEACH CONSERVANCY, INC.**

Principal Place of Business

Mailing Address

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

PO BOX 305  
 LONGBOAT KEY FL 34228

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., UNIT #138**  
**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          | PD                                | <input type="checkbox"/> Delete |
| NAME           | GOLDSTEIN, HAROLD                 |                                 |
| STREET ADDRESS | 6700 GULF OF MEXICO DR. #138      |                                 |
| CITY-ST-ZIP    | LONGBOAT KEY FL 34228             |                                 |
| TITLE          | SD                                | <input type="checkbox"/> Delete |
| NAME           | GOLDSTEIN, PHYLLIS                |                                 |
| STREET ADDRESS | 6700 GULF OF MEXICO DR 137        |                                 |
| CITY-ST-ZIP    | LONGBOAT KEY FL 34228             |                                 |
| TITLE          | TD                                | <input type="checkbox"/> Delete |
| NAME           | RAHM, BETTY                       |                                 |
| STREET ADDRESS | 6800 GULF OF MEXICO DRIVE APT 204 |                                 |
| CITY-ST-ZIP    | LONGBOAT KEY FL 34228             |                                 |
| TITLE          | VPD                               | <input type="checkbox"/> Delete |
| NAME           | ROSENSWEET, PAULA                 |                                 |
| STREET ADDRESS | 6701 GULF OF MEXICO DRIVE APT 335 |                                 |
| CITY-ST-ZIP    | LONGBOAT KEY FL 34228             |                                 |
| TITLE          | D                                 | <input type="checkbox"/> Delete |
| NAME           | KELEGHER, GEROGE                  |                                 |
| STREET ADDRESS | 6750 GULF OF MEXICO DR, UNIT 158  |                                 |
| CITY-ST-ZIP    | LONGBOAT KEY FL 34228             |                                 |
| TITLE          | D                                 | <input type="checkbox"/> Delete |
| NAME           | PRICE, CHARLES                    |                                 |
| STREET ADDRESS | 6800 GULF OF MEXICO DR #202       |                                 |
| CITY-ST-ZIP    | LONGBOAT KEY FL 34228             |                                 |

|                |                               |                                                                              |
|----------------|-------------------------------|------------------------------------------------------------------------------|
| TITLE          | D                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Sandford, John                |                                                                              |
| STREET ADDRESS | 6701 Gulf of Mexico Dr., #327 |                                                                              |
| CITY-ST-ZIP    | Longboat Key, FL 34228        |                                                                              |
| 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    |                               |                                                                              |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**80084875**



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)