

2000 UNIFORM BUSINESS REPORT (UBR)

5/31

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

05-30-2000 90135 001 ***122.50

DOCUMENT # 732320

1. Entity Name
BEF, INC.

Principal Place of Business: **420 BAY AVENUE CLEARWATER FL 34616**

Mailing Address: **420 BAY AVENUE CLEARWATER FL 33756-5291**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State: _____

4. FEI Number: **23-7439469** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

Zip: **33756** Country: _____



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent: **CORPORATION SERVICE COMPANY, 1201 HAYS STREET, TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent: _____

Name: _____

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

City: _____ State: **FL** Zip Code: _____

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: _____ DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCHALE, GERARD A JR.		NAME	George Walmsley III	
STREET ADDRESS	1601 JACKSON ST., STE. 200		STREET ADDRESS	16th St. @ Girard Ave.	
CITY-ST-ZIP	FT. MYERS FL 33901		CITY-ST-ZIP	Philadelphia, PA 19130	PD
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VELASCO, DENNIS		NAME	Kenneth Coburn	
STREET ADDRESS	8406 WEST GULF BLVD.		STREET ADDRESS	3411 Palmyra Ave.	S.D.
CITY-ST-ZIP	TREASURE ISLAND FL 33706		CITY-ST-ZIP	Tampa, FL 33629	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIKE, JAMES		NAME	Melin Swensen	
STREET ADDRESS	2009 TEAL LANE		STREET ADDRESS	510 Moccasin Trail N.	TD
CITY-ST-ZIP	CLEARWATER FL 33410		CITY-ST-ZIP	Jupiter, FL 33458	
TITLE		<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Gerald Franceski	D
STREET ADDRESS			STREET ADDRESS	915 Delaware St.	
CITY-ST-ZIP			CITY-ST-ZIP	Forest City, PA 18421	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____ Date: **July 25, 2000** Daytime Phone #: **817-879-5386**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED37 (9/99)