

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **733284**

1. Entity Name

FLORIDA SHORE AND BEACH PRESERVATION ASSOCIATION

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90333 033 ****61.25

Principal Place of Business

Mailing Address

2952 WELLINGTON CIRCLE
 TALLAHASSEE FL 32308

2952 WELLINGTON CIRCLE
 TALLAHASSEE FL 32308-6885



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

59-1876345

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

TAIT, STAN
2952 WELLINGTON CIRCLE
TALLAHASSEE FL 32308

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 **D** Delete
 NAME **HIGGINS, STEVE**
 STREET ADDRESS **218 SW 1ST STREET**
 CITY-ST-ZIP **FORT LAUDERDALE FL**

Change Addition

TITLE **P** Delete
 NAME **TAIT, STANLEY L.**
 STREET ADDRESS **864 E PARK AVE**
 CITY-ST-ZIP **TALLAHASSEE FL**

Change Addition

TITLE **VC** Delete
 NAME **M'CLOUTH, MALCOLM.**
 STREET ADDRESS **8680 N. ATLANTIC AVE**
 CITY-ST-ZIP **CAPE CANAVERAL FL**

TITLE **D** Change Addition
 NAME **BRIAN FLYNN**
 STREET ADDRESS **33 S.W. 2nd Ave., SUITE 300**
 CITY-ST-ZIP **MIAMI, FL 33130**

TITLE **CD** Delete
 NAME **NORTON, DEBBIE.**
 STREET ADDRESS **P.O. DRAWER 1208 N/A**
 CITY-ST-ZIP **PENSACOLA BEACH FL**

Change Addition

TITLE **D** Delete
 NAME **ROBERT CLINGER**
 STREET ADDRESS **1406 OXFORD LANE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33426**

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)