

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

000140

DOCUMENT # 733284

1. Entity Name

FLORIDA SHORE AND BEACH PRESERVATION ASSOCIATION

04-27-2001 90397 035 ****61.25

Principal Place of Business

2952 WELLINGTON CIRCLE
 TALLAHASSEE FL 32308

Mailing Address

2952 WELLINGTON CIRCLE
 TALLAHASSEE FL 32308

00042116



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 | <input type="checkbox"/> Delete |
| NAME | HIGGINS, STEVE | |
| STREET ADDRESS | 218 SW 1ST STREET | |
| CITY-ST-ZIP | FORT LAUDERDALE FL | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | TAIT, STANLEY L. | |
| STREET ADDRESS | 864 E PARK AVE | |
| CITY-ST-ZIP | TALLAHASSEE FL | |
| TITLE | VC | <input type="checkbox"/> Delete |
| NAME | MCLOUTH, MALCOLM | |
| STREET ADDRESS | 8680 N. ATLANTIC AVE | |
| CITY-ST-ZIP | CAPE CANAVERAL FL | |
| TITLE | CD | <input checked="" type="checkbox"/> Delete |
| NAME | NORTON, DEBBIE | |
| STREET ADDRESS | P.O. DRAWER 1208 N/A | |
| CITY-ST-ZIP | PENSACOLA BEACH FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ROBERT CLINGER | |
| STREET ADDRESS | 1406 OXFORD LANE | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33426 | |
| TITLE | | <input type="checkbox"/> Delete |
| 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 | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | CD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ALISON HAGERUP | |
| STREET ADDRESS | P.O. BOX 365 | |
| CITY-ST-ZIP | CAPTIVA FL 33924 | |
| TITLE | VC | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JON STAIGER | |
| STREET ADDRESS | 735 8TH ST., SOUTH | |
| CITY-ST-ZIP | NAPLES FL | |
| 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: *Stanley L Tait*

3/5/01

(850) 906-9227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)