

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90142 037 \*\*\*\*61.25

**DOCUMENT # 733284**

1. Entity Name

**FLORIDA SHORE AND BEACH PRESERVATION ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2952 WELLINGTON CIRCLE  
 TALLAHASSEE FL 32308

2952 WELLINGTON CIRCLE  
 TALLAHASSEE FL 32308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

32309

Country

Zip

32309

Country

4. FEI Number

59-1876345

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

**TAIT, STAN**  
 2952 WELLINGTON CIRCLE  
 TALLAHASSEE FL 32308

Name

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

City

FL

Zip Code

32309

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

*Stanley L. Tait*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/21/02

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	D	<input type="checkbox"/> Delete
NAME	MCLOUTH, MALCOLM	
STREET ADDRESS	8680 N. ATLANTIC AVE	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HAGERUP, ALISON	
STREET ADDRESS	P.O. BOX 365	
CITY-ST-ZIP	CAPTIVA FL 33924	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBERT CLINGER	
STREET ADDRESS	1406 OXFORD LANE	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	VC	<input type="checkbox"/> Delete
NAME	STAIGER, JON	
STREET ADDRESS	735 8TH ST S.	
CITY-ST-ZIP	NAPLES FL	

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	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALDSON, DON	
STREET ADDRESS	2401 S.E. MONTEREY RD,	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	C	<input checked="" 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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/02

Date

850/906-9227

CR2E037 (9/01)