


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90147 023 \*\*\*\*61.25

**DOCUMENT # 733284**

1. Entity Name  
**FLORIDA SHORE AND BEACH PRESERVATION ASSOCIATION, INC.**



Principal Place of Business  
**2952 WELLINGTON CIRCLE  
TALLAHASSEE FL 32309**

Mailing Address  
**2952 WELLINGTON CIRCLE  
TALLAHASSEE FL 32309**

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

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

City & State  
City & State

Zip  
Country

4. FEI Number **59-1876345**

Applied For  
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TAIT, STAN**  
**2952 WELLINGTON CIRCLE**  
**TALLAHASSEE FL 32309**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Stanley L. Tait **PRESIDENT** 1/24/03

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HIGGINS, STEVE</b>	
STREET ADDRESS	<b>218 SW 1ST STREET</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>TAIT, STANLEY L.</b>	
STREET ADDRESS	<b>864 E PARK AVE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCLOUTH, MALCOLM</b>	
STREET ADDRESS	<b>8680 N. ATLANTIC AVE</b>	
CITY-ST-ZIP	<b>CAPE CANAVERAL FL</b>	
TITLE	<b>CD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HAGERUP, ALISON</b>	
STREET ADDRESS	<b>P.O. BOX 365</b>	
CITY-ST-ZIP	<b>CAPTIVA FL 33924</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DONALDSON, DON</b>	
STREET ADDRESS	<b>2401 SE MONTEREY RD</b>	
CITY-ST-ZIP	<b>STUART FL 34996</b>	
TITLE	<b>VC</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STAIGER, JON</b>	
STREET ADDRESS	<b>735 8TH ST S.</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<b>CD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BRIAN FLYNN</b>	
STREET ADDRESS	<b>33 S.W. 2nd Ave., suite 1106</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33130-1540</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>V.D.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MONTE BLEWS</b>	
STREET ADDRESS	<b>P.O. BOX 1208</b>	
CITY-ST-ZIP	<b>PENSACOLA BEACH, FL 32562</b>	

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 **PRESIDENT** 1/24/03 (850) 906-9227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)