

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90028 015 ****61.25

DOCUMENT # 741578

1. Entity Name

BEACHTREE I CLUSTER, INCORPORATED

Principal Place of Business

Mailing Address

**2400 S. OCEAN DRIVE
 FT. PIERCE FL 34949**

**2400 S. OCEAN DRIVE
 FT. PIERCE FL 34949-8018**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1874033

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

**MAHER, GEORGE H.
 2400 S. OCEAN DRIVE
 FT. PIERCE FL 34949**

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 Delete
 NAME **ATD MILLER, DAVID**
 STREET ADDRESS **2400 S. OCEAN DR.**
 CITY-ST-ZIP **FT. PIERCE FL 34949**

TITLE Change Addition
 NAME **TD Kraemer, William**
 STREET ADDRESS **2400 S. Ocean Dr.**
 CITY-ST-ZIP **Fort Pierce, FL 34949**

TITLE Delete
 NAME **D TOMAINO, FRANK**
 STREET ADDRESS **2400 S. OCEAN DR.**
 CITY-ST-ZIP **FT. PIERCE FL**

TITLE Change Addition
 NAME **D Martin, Ronald**
 STREET ADDRESS **2400 S. Ocean Dr.**
 CITY-ST-ZIP **Ft. Pierce, FL 34949**

TITLE Delete
 NAME **SD CONWAY, JACK**
 STREET ADDRESS **2400 S. OCEAN DR.**
 CITY-ST-ZIP **FT. PIERCE FL**

TITLE Change Addition

TITLE Delete
 NAME **PD MAYBURY, THOMAS**
 STREET ADDRESS **2400 S. OCEAN DRIVE**
 CITY-ST-ZIP **FT. PIERCE FL**

TITLE Change Addition

TITLE Delete
 NAME **VPD KAVANAGH, THOMAS**
 STREET ADDRESS **2400 S. OCEAN DRIVE**
 CITY-ST-ZIP **FT. PIERCE FL 34949**

TITLE Change Addition

TITLE Delete
 NAME **TD CAMIS, ROBERT**
 STREET ADDRESS **2400 S. OCEAN DR.**
 CITY-ST-ZIP **FT. PIERCE FL**

TITLE 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS S. MAYBURY 4/28/00 561-489-0300

Date

Daytime Phone #

CR2E037 (9/99)