2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750047		FILED May 31, 2000 8:00 am			
BEACH "HOUSE" OF JACK	SONVILLEMASSOCI	ATION INC!		of State	
Principal Place of Business	Mailing Address	į			
2180 W. SR 434 STE 5000 LONGWOOD FL 32779	2180 W SR 4: STE 5000 LONGWOOD E				
Principal Place of Business     3. Mailing Address					
Suite, Apt. #, etc.  Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State	City & State		4. FEI Number 59-2123352	Applied For Not Applicable	
Zip Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Curr	ent Registered Agent		7. Name and Address of New Registered	d Agent	
HART, JAMES WJR		Name Street Addres	s (P.O Box Number is Not Acceptable)		
SENTRY: MANAGEMENT INC 2180 W SR 434 STE 5000		ļ <u>-</u>	्र कर स्ट्रेन		
LONGWOOD, FL 32779					
·		City	F	Zip Code	
8. The above named entity submits this stateme	nt for the purpose of changing its re	egistered office or regis	tered agent, or both, in the state of Florida.	:	
SIGNATURE Signature, typed or printed name of registered	gent and title if applicable (NOTE-	Registered Agent signature requ	427 UG  prired when reinstating)  DATE	· · · · · · · · · · · · · · · · · · ·	
FILE NOW: FEE IS \$61.25	9. Election Campaign f Trust Fund Contribut	· _ •		k Payable to nt of State	
10. OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND I		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	STREET ADDRESS 1:0	ORRAO, ROBERT 1 SUMMER TREE ST	☐ Change ☐XAddition	
TITLE	☐ Delete	TITLE $ar{f V}$	<b>P</b>	Change Addition	
NAME STREET ADDRESS		STREET ADDRESS 13	USSELL, MERVIN 08 NTH SEVENTH ST		
CITY-ST-ZIP				32250	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	NAME STREET ADDRESS - 88	FD OSENBERG, JERRY 173 BELLE RIVE BLVD ACKSONVILLE, FL 32256	Change XAddition	
TITLE	☐ Delete	וווננ <b>D</b>	•	☐ Change 🔀 Addition	
NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS 14	HRASHER, EMMETT	2250	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACKSONVILLE BCH FL 3	☐ Change ☐ Addition	
NAME STREET ADDRESS COMMUNICATION	☐ Delete	TITLE NAME STREET ADDRESS CATY-ST-ZIP		☐ Change ☐ Addition	
CITY-ST-ZIP  12. I hereby certify that the information supplied indicated on this report or supplemental rep	with this filing does not qualify for ort is true and accurate and that m	the exemption stated in	Section 119.07(3)(i), Florida Statutes I further one same legal effect as if made under oath; that	certify that the information	

of the corporation or the receiver or trystee 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. ROBERT 2. CORRAD SIGNATURE: