

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90055 038 \*\*\*\*61.25

**DOCUMENT # 750630**

1. Entity Name

**BEACON POINT, INC.**

Principal Place of Business

**4590 SO ATLANTIC AVE BOX 80  
 PONCE INLET FL 32127**

Mailing Address

**4590 SO ATLANTIC AVE BOX 80  
 PONCE INLET FL 32127-7043**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2018545**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KENNEDY, MICHAEL  
 687 BEVILL RD  
 DAYTONA FL**

7. Name and Address of New Registered Agent

Name **Harry W. Carls, Taylor & Carls, P.A.**  
 Street Address (P.O. Box Number is Not Acceptable) **1900 Summit Tower Blvd., #820**  
 City **Orlando, FL** Zip Code **32810-5920**

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

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GORMAN, JACK</b>	
STREET ADDRESS	<b>4590 S. ATLANTIC AVE., #157 #137</b>	
CITY-ST-ZIP	<b>PONCE INLET FL 32127</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>WICKLINE, KATHRYN</b>	
STREET ADDRESS	<b>4590 S ATLANTIC AVE, #150 #144</b>	
CITY-ST-ZIP	<b>PONCE INLET FL 32127</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WILABY, CHARLOTTE</b>	
STREET ADDRESS	<b>4590 S. ATLANTIC AVE., #152</b>	
CITY-ST-ZIP	<b>PONCE INLET FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JEPSON, CAROLYN</b>	
STREET ADDRESS	<b>4590 S. ATLANTIC AVE., #150 #265</b>	
CITY-ST-ZIP	<b>PONCE INLET FL 32127</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DOANE, ERNIE</b>	
STREET ADDRESS	<b>4590 S ATLANTIC AVE 247</b>	
CITY-ST-ZIP	<b>PONCE INLET FL 32127</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>WYLIE, DOLORES</b>	
STREET ADDRESS	<b>4590 S ATLANTIC AVE 261</b>	
CITY-ST-ZIP	<b>PONCE INLET FL 32127</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Kathryn Wickline</b>	
STREET ADDRESS	<b>4590 S. Atlantic Ave., #144</b>	
CITY-ST-ZIP	<b>Ponce Inlet, FL 32127</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Ernie Doane</b>	
STREET ADDRESS	<b>4590 S. Atlantic Ave., #247</b>	
CITY-ST-ZIP	<b>Ponce Inlet, FL 32127</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Carolyn Jepson</b>	
STREET ADDRESS	<b>4590 S. Atlantic Ave., #265</b>	
CITY-ST-ZIP	<b>Ponce Inlet, FL 32127</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Shirley Haag</b>	
STREET ADDRESS	<b>4590 S. Atlantic Ave., #163</b>	
CITY-ST-ZIP	<b>Ponce Inlet, FL 32127</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Dolores Wylie</b>	
STREET ADDRESS	<b>4590 S. Atlantic Ave., #261</b>	
CITY-ST-ZIP	<b>Ponce Inlet, FL 32127</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Myrtle Nungesser</b>	
STREET ADDRESS	<b>4590 S. Atlantic Ave., #246A</b>	
CITY-ST-ZIP	<b>Ponce Inlet, FL 32127</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: *Kathryn Wickline* **KATHRYN WICKLINE**, 4-19-2000 (904) 788-0538  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE037 (9/99)

Attach  
C0074023  
#750630

Block 11. Additions/Changes to Officers and Directors  
in Block 10.

x - Change

Title	T
Name	Margarette Wickline
Street	4590 S. Atlantic Ave., #144
City-St-Zip	Ponce Inlet, FL 32127