

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90162 037 ****61.25

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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

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

6. Name and Address of Current Registered Agent

KENNEDY, MICHAEL
687 BEVILL RD
DAYTONA FL

7. Name and Address of New Registered Agent

Name **Joseph Kiser**

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

4590 S. Atlantic Ave # 158

City **Ponce Inlet**

FL

Zip Code

32127

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

Joseph K. Kiser President

1/29/01

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	P	<input checked="" type="checkbox"/> Delete
NAME	GORMAN, JACK	
STREET ADDRESS	4590 S. ATLANTIC AVE., #157	
CITY-ST-ZIP	PONCE INLET FL 32127	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WICKLINE, KATHRYN	
STREET ADDRESS	4590 S ATLANTIC AVE., #158	
CITY-ST-ZIP	PONCE INLET FL 32127	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILBY, CHARLOTTE	
STREET ADDRESS	4590 S. ATLANTIC AVE., #152	
CITY-ST-ZIP	PONCE INLET FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JEPSON, CAROLYN	
STREET ADDRESS	4590 S ATLANTIC AVE., #158	
CITY-ST-ZIP	PONCE INLET FL 32127	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOANE, ERNIE	
STREET ADDRESS	4590 S ATLANTIC AVE 247	
CITY-ST-ZIP	PONCE INLET FL 32127	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	WYLLIE, DOLORES	
STREET ADDRESS	4590 S ATLANTIC AVE 261	
CITY-ST-ZIP	PONCE INLET FL 32127	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Kiser	
STREET ADDRESS	4590 S. Atlantic Ave # 158	
CITY-ST-ZIP	Ponce Inlet Fl 32127	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Douglas Rowland	
STREET ADDRESS	4590 S. Atlantic Ave #264	
CITY-ST-ZIP	Ponce Inlet, Fl 32127	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronald Kaiser	
STREET ADDRESS	6218 Yosemite Dr.	
CITY-ST-ZIP	Port Orange Fl. 32127	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Higginbotham	
STREET ADDRESS	4590 S. Atlantic Ave #239	
CITY-ST-ZIP	Ponce Inlet, Fl 32127	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donald Stalnaker	
STREET ADDRESS	590 Bendview Dr.	
CITY-ST-ZIP	Charleston, WV 25314	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jane M. Rowland	
STREET ADDRESS	4590 S. Atlantic Ave #264	
CITY-ST-ZIP	Ponce Inlet, Fl 32127	

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 REQUIRED

1/29/01

788-6257

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)