

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

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90142 005 \*\*\*\*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**

**20021295**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2018545**

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

**KISER, JOSEPH  
4590 S ATLANTIC AVENUE  
SUITE # 158  
DAYTONA BEACH FL 32127**

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 \_\_\_\_\_

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KISER, JOSEPH</b>	
STREET ADDRESS	<b>4590 S ATLANTIC AVENUE # 158</b>	
CITY-ST-ZIP	<b>PONCE INLET FL 32127</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>ROWLAND, DOUGLAS</b>	
STREET ADDRESS	<b>4590 S ATLANTIC AVENUE # 264</b>	
CITY-ST-ZIP	<b>PONCE INLET FL 32127</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KAISER, RONALD</b>	
STREET ADDRESS	<b>6218 YOSEMITE DRIVE</b>	
CITY-ST-ZIP	<b>PORT ORANGE FL 32127</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GIAMICHAEL, DOLORES</b>	
STREET ADDRESS	<b>4590 S ATLANTIC AVE #148</b>	
CITY-ST-ZIP	<b>PONCE INLET FL 32127</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STALNAKER, DONALD</b>	
STREET ADDRESS	<b>590 BENDVIEW DRIVE</b>	
CITY-ST-ZIP	<b>CHARLESTON WV 25314</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>ROWLAND, JANE M</b>	
STREET ADDRESS	<b>4590 S ATLANTIC AVENUE # 264</b>	
CITY-ST-ZIP	<b>PONCE INLET FL 32127</b>	

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>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Barbara Owens</b>	
STREET ADDRESS	<b>1338 Corner Oaks Dr.</b>	
CITY-ST-ZIP	<b>Brandon, FL 33510</b>	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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**

1/24/03

386-788-6257

CR2E037 (10/02)