

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90058 018 ****61.25

DOCUMENT # 754729

1. Entity Name

BEACON GROVES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

PO BOX 40
PALM HARBOR FL 34682-0040
US

Mailing Address

PO BOX 40
PALM HARBOR FL 34682-0040
US

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

59-2003936

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACPHERSON, JAMES BLAKELEY
2349 ORANGE POINTE AVE
PALM HARBOR, FL 34683-3145

7. Name and Address of New Registered Agent

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MACPHERSON, JAMES BLAKELEY	
STREET ADDRESS	2349 ORANGE POINTE AVE	
CITY-ST-ZIP	PALM HARBOR FL 34683-3145	
TITLE	VDT	<input checked="" type="checkbox"/> Delete
NAME	SEFCHICK, JAMES A	
STREET ADDRESS	2361 ORANGE POINTE AVE	
CITY-ST-ZIP	PALM HARBOR FL 34683-3145	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	COLLINS, AMY	
STREET ADDRESS	2438 E ORANGE HILL AVENUE	
CITY-ST-ZIP	PALM HARBOR FL 34683-3145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAD M GAREY	
STREET ADDRESS	2175 GROVELAND RD.	
CITY-ST-ZIP	Palm Harbor FL 34683	
TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniel Isabelle	
STREET ADDRESS	2414 W. Citrus Way	
CITY-ST-ZIP	Palm Harbor FL 34683	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ruth Riel	
STREET ADDRESS	2418 George Ridge Dr.	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kelly Garey	
STREET ADDRESS	2175 Groveland Rd.	
CITY-ST-ZIP	Palm Harbor FL 34683	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)