

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001926

1. Entity Name

BEARD, LTD.

Principal Place of Business

4030 NE JOE'S POINT ROAD
STUART FL 34996

Mailing Address

1820 NE JENSEN BCH BLVD
PMB 626
JENSEN BEACH FL 34957-7212

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 17 AM 11:43



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0856497

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

BEARD, DONESE K
131 N.W. 73RD TERRACE
PLANTATION FL 33317

Name

DONESE K. BEARD

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

2283 NW 22 AVE #103

City

STUART

FL

Zip Code

34994

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

DONESE K. BEARD

(NOTE: Registered Agent signature required when reinstating)

4/12/00

DATE

9. Capital Contributions
as Shown on record.

\$500,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

BEARD, DONESE K
131 N.W. 73RD TERRACE
PLANTATION FL 33317

STREET ADDRESS

CITY - ST - ZIP

2283 NW 22 AVE #103

STUART, FL 34994

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

DONESE K. BEARD

Date

Daytime Phone #

CR2E003 (9/99)