

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90141 021 ***150.00

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DOCUMENT # F00000004888

1. Entity Name

JACYN BEACON REALTY INC.

Principal Place of Business

**431 SOUTH CREEK DRIVE
 OSPREY FL 34229**

Mailing Address

**431 SOUTH CREEK DRIVE
 OSPREY FL 34229**

2. Principal Place of Business

7697 Cove Terrace

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 868

Suite, Apt. #, etc.

City & State

Sarasota Florida

City & State

Osprey Florida

Zip

34231

Country

USA

Zip

34229

Country

USA

4. FEI Number

13-3207084

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KAPLAN, MARVIN
 431 S CREEK DR
 OSPREY FL 34229**

7. Name and Address of New Registered Agent

Name **Marvin Kaplan**

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

7697 Cove Terrace

City **Sarasota**

FL

Zip Code **34231**

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

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PCD** ☐ Delete
 NAME **KAPLAN, MARVIN I**
 STREET ADDRESS **431 SOUTH CREEK DRIVE**
 CITY-ST-ZIP **OSPREY FL 34229**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCD** ☒ Change ☐ Addition
 NAME **Marvin Kaplan**
 STREET ADDRESS **7697 Cove Terrace**
 CITY-ST-ZIP **Sarasota, FL 34231**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/02 941-587-9000

CR2E034 (9/01)