

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90404 001 ***300.00

DOCUMENT # F62618

1. Entity Name
BEACH PARK CORPORATION

Principal Place of Business

**300 BEACH DR NE
 ST. PETERSBURG FL 33701
 US**

Mailing Address

**300 BEACH DR NE
 ST. PETERSBURG FL 33701
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**C/O MBS, Inc.
 Suite, Apt. #, etc.
 628 Decatur Avenue
 City & State
 Brooksville, FL
 Zip
 34601-3236**

3. Mailing Address

**C/O MBS, Inc.
 Suite, Apt. #, etc.
 P.O. Box 10189
 City & State
 Brooksville, FL
 Zip
 34603-0189**

4. FEI Number **59-2156686**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LEGER, CRAIG
 300 BEACH DR NE
 ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
**C/O MBS, Inc.
 628 Decatur Avenue
 City Brooksville FL Zip Code 34601-3236**

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]* **Pres** *[Signature]* **Graig Leger** *[Signature]* **JAN 20/01**
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	ST MCCONNAN, LINDA 8223 - 93A AVE. EDMONTON, ALB, CAN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEGER, CRAIG 133 BRECKENWOODS SHERWOOD PARK ALBERTA CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEGER, LANCE 109 BRECKENWOODS SHERWOOD PARK ALBERTA CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEGER, IDA 8767 STRATHEARN CRES. EDMONTON, ALBERTA, CAN.	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRERA, HAROLD 300 BEACH DR. N.E. SAINT PETERSBURG FL 33701	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P LEGER CRAIG #133 51308 RG RD 224 SHERWOOD PARK AB, CAN T8C 1H3	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V LEGER, LANCE #50 51107-RG RD 221 SHERWOOD PARK AB CAN T8E 1G8	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **Graig Leger** *[Signature]* **JAN 20/01** *[Signature]* **352-544-0024**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)