

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90044 012 ***150.00

DOCUMENT # F97000005595

1. Entity Name
BEACH CLUB APARTMENTS, INC.

Principal Place of Business

**C/O R. LUBLIN
 40 ORCHARD RD
 WEST HARTFORD CT 06117**

Mailing Address

**C/O R. LUBLIN
 40 ORCHARD RD
 WEST HARTFORD CT 06117**

2. Principal Place of Business

**C/O R Lublin
 Suite, Apt. #, etc.
 20 Brocklesby**

City & State
Avon CT

Zip Country
06001 VS

3. Mailing Address

**C/O R Lublin
 Suite, Apt. #, etc.
 20 Brocklesby**

City & State
Avon CT

Zip Country
06001 US



DO NOT WRITE IN THIS SPACE

4. FEI Number

06-1496776

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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

R K Lublin

R K Lublin

1/15/02

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 **PT** ☐ Delete
 NAME **LUBLIN, RICHARD K**
 STREET ADDRESS **20 BROCKESBY**
 CITY-ST-ZIP **AVON CT 06001**

TITLE **VS** ☒ Delete
 NAME **GALIN, MARTIN D**
 STREET ADDRESS **75 FOX CHASE LANE**
 CITY-ST-ZIP **WEST HARTFORD CT 06117**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 CITY-ST-ZIP

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:

R K Lublin *R K Lublin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02

Date

860 6775432

Daytime Phone #

CR2E034 (9/01)