

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90056 009 ***150.00

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DOCUMENT # F99000004464

1. Entity Name
BEACHVIEW GOLF CLUB ESTATES, INC.



Principal Place of Business
**1100 PAR VIEW DR
SANIBEL FL 33957**

Mailing Address
**215 E. CENTRAL BLVD
2ND FLOOR
ORLANDO FL 32801**



2. Principal Place of Business

3. Mailing Address

1035 S. Semoran Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1012

City & State

City & State

Winter Park, FL

Zip

Country

Zip

Country

32192

4. FEI Number **65-0994218**

Applied For

Not Applicable

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

**MASTERLINK CLUB SERVICES, INC.
215 E. CENTRAL BLVD. 2ND FLOOR
ORLANDO FL 32801**

Name

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

1035 S. Semoran Blvd Suite 1012

City

Winter Park

FL

Zip Code

32192

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **FLOOD, MURRAY**
STREET ADDRESS **153 UNION STREET**
CITY-ST-ZIP **WATERLOO, ONT., CANADA 92J-1CR**

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

TITLE **C/D** ☐ Delete
NAME **ROCKEL, PAUL**
STREET ADDRESS **319 BRIDGEPORT RD. EAST**
CITY-ST-ZIP **WATERLOO, ONT., CANADA 92J-1CR**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 607, 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 OF REGISTERED AGENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)