

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005006

1. Entity Name  
PHOENIX BEACH, INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90097 010 \*\*\*150.00

Principal Place of Business Mailing Address  
P.O. BOX 197 P.O. BOX 197  
BLUFFTON SC 29910-0197 BLUFFTON SC 29910-0197

2. Principal Place of Business 3. Mailing Address  
P O BOX 1149 P O BOX 1149  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
HARDEEVILLE, SC HARDEEVILLE, SC  
Zip Country Zip Country  
29927-1149 JASPER 29927-1149 JASPER

4. FEI Number 58-2420264 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

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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, 2000 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PC  
NAME HARRIS, MARI  
STREET ADDRESS 1806 STILLWOOD DRIVE  
CITY-ST-ZIP SAVANNAH GA 31419 ☐ Delete

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

TITLE VCST  
NAME PARKS, JOANN  
STREET ADDRESS 50 PINELAND ROAD  
CITY-ST-ZIP HILTON HEAD ISLAND SC 29926 ☐ Delete

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

TITLE DV  
NAME PARKS, DANIEL  
STREET ADDRESS 50 PINELAND ROAD  
CITY-ST-ZIP HILTON HEAD ISLAND SC 29926 ☐ Delete

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

TITLE D  
NAME HARRIS, ROBERT  
STREET ADDRESS 1806 STILLWOOD DRIVE  
CITY-ST-ZIP SAVANNAH GA 31419 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: Joann Parks (843) 784-3390  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)