

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90004 014 \*\*\*550.00

**DOCUMENT # H35189**

1. Entity Name

**BEACH EQUITY CORP.**

Principal Place of Business

Mailing Address

100 SPOONBILL ROAD  
 MANALAPAN, FL 33462

SHANHOLT GLASSMAN KLEIN KRAMER  
 488 MADISON AVE, 10TH FL  
 NEW YORK, NY 10022

80059806

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

13-3251713

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

BONAN, JANET R  
 100 SPOONBILL ROAD

MANALAPAN, FL 33462

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☐ Delete  
 NAME BONAN, JANET R  
 STREET ADDRESS 100 SPOONBILL ROAD  
 CITY - ST - ZIP MANALAPAN, FL 33462

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

TITLE DV ☐ Delete  
 NAME BONAN, CHARLES S  
 STREET ADDRESS 26 SHIPWAY ROAD  
 CITY - ST - ZIP DARIEN, CT 06820

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

TITLE DV ☐ Delete  
 NAME BONAN, ELIZABETH B  
 STREET ADDRESS 2 HILLTOP ROAD  
 CITY - ST - ZIP NORWALK, CT 06854

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

TITLE DT ☐ Delete  
 NAME ADELSON, VIRGINIA B  
 STREET ADDRESS 160 BELDEN HILL ROAD  
 CITY - ST - ZIP WILTON, CT 06897

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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)(f), 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: *Virginia B. Adelson* Virginia B. Adelson

6/29/01 (203) 849-3302

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #