

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90071 045 \*\*\*150.00

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**DOCUMENT # H35189**

1. Entity Name  
**BEACH EQUITY CORP.**

Principal Place of Business

**100 SPOONBILL RD  
 MANALAPAN FL 33462  
 US**

Mailing Address

**SHANHOLT GLASSMAN KLEIN KRAMER  
 488 MADISON AVENUE 10TH FLOOR  
 NEW YORK NY 10022**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

**BONAN, SEON PIERRE  
 100 SPOONBILL RD  
 MANALAPAN FL 33462**

Name **BONAN, JANET R.**

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

**100 SPOONBILL RD**

City **MANALAPAN**

**FL**

Zip Code **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

*Janet R Bonan*

**3-11-2002**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE  
 NAME ☒ Change ☐ Addition  
 STREET ADDRESS **21 OVERBROOK LANE 105 WOODSIDE Dr**  
 CITY-ST-ZIP **DARLEN, CT 06820 GREENWICH, CT 06830**

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

TITLE  
 NAME ☒ Change ☐ Addition  
 STREET ADDRESS **100 SPOONBILL RD**  
 CITY-ST-ZIP **MANALAPAN, FL 33462**

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

TITLE  
 NAME ☒ Change ☐ Addition  
 STREET ADDRESS **18 LEONARD STREET, Apt 2-D**  
 CITY-ST-ZIP **NEW YORK, NY 10013**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 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)(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:

*Janet R Bonan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-11-2002**

Date

**(203) 849-3302**

Daytime Phone #

CR2E034 (9/01)