

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90966 015 \*\*\*150.00

**DOCUMENT # H53206**

1. Entity Name  
**THE BEACHCOMBER GROUP INC.**

Principal Place of Business

Mailing Address

PO BOX 5298  
 JACKSONVILLE FL 32247-2981  
 US

50 BEACH COMBER WAY  
 ST AUGUSTINE FL 32095-2352  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2532354**

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

**BROWNING, VIVIAN C**  
**50 BEACHCOMBER WAY**  
**ST AUGUSTINE FL 32095**

Name **Rhonda Carter**  
 Street Address (P.O. Box Number is Not Acceptable)  
**36 SPANISH ST.**  
 City **ST AUGUSTINE, FL** Zip Code **32084**

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 \_\_\_\_\_

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BROWNING, VIVIAN C.</b> <b>50 BEACHCOMBER WAY</b> <b>ST AUGUSTINE FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>PRESIDENT</b> <b>CARTER, Rhonda</b> <b>36 SPANISH ST.</b> <b>ST. AUGUSTINE, FL. 32084</b>
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CARTER, RHONDA</b> <b>2774 HERCHEL ST</b> <b>JACKSONVILLE FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>VICE PRESIDENT</b> <b>SIMS, ALYCE</b> <b>4139 TEXAS COURT</b> <b>JACKSONVILLE, FL. 32257</b>
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KOVALY, MARLENE</b> <b>627 GROVE PARK BLVD</b> <b>JACKSONVILLE FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KESTLER, TERRE</b> <b>2133 RIO COVE DR</b> <b>JACKSONVILLE FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>S</b> <b>FARRER, ANN E.</b> <b>1214 HUBBARD ST.</b> <b>JACKSONVILLE, FL. 32206</b>
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SIMS, ALYCE</b> <b>2641 PARK ST</b> <b>JACKSONVILLE FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> 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: Marlene J. Kovaly Marlene J. Kovaly 4/28/00  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)