

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90007 026 ***550.00

DOCUMENT # H53206

1. Entity Name
THE BEACHCOMBER GROUP INC.

LA

Principal Place of Business
PO BOX 5298
JACKSONVILLE FL 32247-2981
US

Mailing Address
50 BEACH COMBER WAY
ST AUGUSTINE FL 32095
US



2. Principal Place of Business

3. Mailing Address

PO Box 5298

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

4. FEI Number **59-2532354**

Applied For
Not Applicable

Zip **Country**

32247-2981 USA

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

CARTER, RHONDA
360 SPANISH STREET
SAINT AUGUSTINE FL 32084

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BROWNING, VIVIAN C.	
STREET ADDRESS	50 BEACHCOMBER WAY	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CARTER, RHONDA	
STREET ADDRESS	2774 HERCHEL ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	KOVALY, MARLENE	
STREET ADDRESS	627 GROVE PARK BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KESTLER, TERRE	
STREET ADDRESS	2133 RIO COVE DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIMS, ALYCE	
STREET ADDRESS	2641 PARK ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, Rhonda	
STREET ADDRESS	36 SPANISH ST.	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMS, ALYCE	
STREET ADDRESS	9139 TEXAS COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRIN, Anne	
STREET ADDRESS	1214 HUBBARD ST.	
CITY-ST-ZIP	JACKSONVILLE, FL 32206	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 **7/17/01** **724-582**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)