

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J01776

1. Entity Name

BETHESDA-PLUS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90106 008 ***150.00

Principal Place of Business

Mailing Address

% JOEL T. STRAWN
54 NE FOURTH AVE.
DELRAY BEACH FL 33483

% JOEL T. STRAWN
54 NE FOURTH AVE.
DELRAY BEACH FL 33483-4558

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2661281

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

STRAWN, JOEL T.
54 NE FOURTH AVE.
DELRAY BEACH FL 33483

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 \$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 | D | <input checked="" type="checkbox"/> Delete |
| NAME | PELTZIE, KENNETH | |
| STREET ADDRESS | 2815 S. SEACREST BLVD | |
| CITY-ST-ZIP | BOYNTON BEACH FL | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | HILL, ROBERT B. | |
| STREET ADDRESS | 2815 S. SEACREST | |
| CITY-ST-ZIP | BOYNTON BEACH FL | |
| TITLE | VTD | <input type="checkbox"/> Delete |
| NAME | TAYLOR, ROBERT B., JR. | |
| STREET ADDRESS | 2815 S. SEACREST BLVD | |
| CITY-ST-ZIP | BOYNTON BEACH FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | STRAWN, JOEL T | |
| STREET ADDRESS | 54 NE FOURTH AVE. | |
| CITY-ST-ZIP | DELRAY BCH. FL 33438 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KIRK, ROGER L | |
| STREET ADDRESS | 2815 S. SEACREST BLVD | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33435 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RODAK, JOY L. | |
| STREET ADDRESS | 2815 S. SEACREST BLVD. | |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33435 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT B. TAYLOR, JR.

Date

4/19/00

Daytime Phone #

561-737-7733

CR2E034 (9/99)