

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J36752

1. Entity Name

BEACH PROPERTIES & MANAGEMENT OF ST. AUGUSTINE, ✓

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90013 027 ***550.00

Principal Place of Business

% NANCY DERRINGER
5120 A1A SOUTH. BIERA MAR PLAZA
ST AUGUSTINE FL 32084

Mailing Address

% NANCY DERRINGER
5120 A1A SOUTH. BIERA MAR PLAZA
ST AUGUSTINE FL 32084

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2721799

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

DERRINGER, NANCY
5120 A1A SOUTH
BIERA MAR PLAZA
ST AUGUSTINE FL 32084

*I married
change to*

7. Name and Address of New Registered Agent

Name

NANCY VAUGHN-LEE

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

5120 A1A South

Biera Mar Plaza

City

St. Augustine

FL

Zip Code

32080

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

Nancy Vaughn-Lee

Signature, typed or printed name of registered agent and not 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 13, 2000 Min. will be \$750.00
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

TITLE PD
NAME DERRINGER, NANCY
STREET ADDRESS 5499 ATLANTIC VIEW
CITY-ST-ZIP ST AUGUSTINE FL ☐ Delete

*I married
Nancy
change to*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME *NANCY VAUGHN-LEE* ☒ Change ☐ Addition
STREET ADDRESS *5318 RIVERVIEW DRIVE*
CITY-ST-ZIP *ST. AUGUSTINE, FL 32080*

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

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

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

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

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

Nancy Vaughn-Lee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-11-00

Daytime Phone #

904-471-8110

CR 1034 (5/00)