

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90264 001 ***150.00

DOCUMENT # J59228

1. Entity Name
BEACH CLUB BROKERS, INC.

Principal Place of Business

**1304 SIMONTON ST
KEY WEST FL 33040-6546
US**

Mailing Address

**1304 SIMONTON ST
KEY WEST FL 33040-6546
US**

2. Principal Place of Business

**1106 WHITE ST.
Suite, Apt. #, etc.**

3. Mailing Address

**1106 WHITE ST.
Suite, Apt. #, etc.**

City & State

KEY WEST - FLA.

Zip

33040

Country

MONROE

City & State

KEY WEST FLA.

Zip

33040

Country

MONROE

4. FEI Number

59-2836238

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THORNBURGH, DAWN
916 VIRGINIA ST.
KEY WEST FL 33040**

7. Name and Address of New Registered Agent

Name **DAWN THORNBURGH**
Street Address (P.O. Box Number is Not Acceptable)
1103 MARGARET ST.
City **KEY WEST** FL Zip Code **33040**

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  **DAWN THORNBURGH**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/02

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

TITLE **DP** ☐ Delete
NAME **THORNBURGH, DAWN**
STREET ADDRESS **916 VIRGINIA ST.**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DAWN THORNBURGH** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1103 MARGARET ST**
CITY-ST-ZIP **KEY WEST FL 33040**

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

TITLE ☐ Change ☐ Addition
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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

DAWN THORNBURGH 2/10/02

Date Daytime Phone #

CR2E034 (9/01)