

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J72807

1. Entity Name

CHAUTAUQUA BEACHCOMBER, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90125 032 ***150.00

Principal Place of Business

Mailing Address

2 A STREET
ST. AUGUSTINE BEACH FL 32084

2 A STREET
ST. AUGUSTINE BEACH FL 32084-6902

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2797964

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

HAGLER, KENNETH D., ESQ.
THREE PALM ROW
P.O. BOX 4365
ST. AUGUSTINE FL 32085-4365

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	V	<input checked="" type="checkbox"/> Delete
NAME	CLARK, LANCE S.	
STREET ADDRESS	7337 A1A SOUTH	
CITY-ST-ZIP	ST. AUGUSTINE BCH FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RATHMELL, KAREN	
STREET ADDRESS	7337 A1A SOUTH	
CITY-ST-ZIP	ST. AUGUSTINE BCH FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	O'ROURKE, FRANKLYN D	
STREET ADDRESS	#8 C ST	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SLONE, BENNETT	
STREET ADDRESS	5367 THIRD STREET	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES W. LAUER	
STREET ADDRESS	48 LEE DR.	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

JAMES LAUER

1-21-00

904-471-3744

Date

Daytime Phone #

CR2E034 (9/99)