

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90015 022 ***150.00

DOCUMENT # J73961

1. Entity Name
ISLAND BEACH COMPANY, INC.

Principal Place of Business
P O BOX 425
PLANTATION VIEW SHOPPING CENTER
CAPTIVA FL 33924

Mailing Address
P O BOX 425
PLANTATION VIEW SHOPPING CENTER
CAPTIVA FL 33924

646264



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2808278

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

MOREY, HARTLEY D.

1986 MY-TERN CT

CAPTIVA FL 33924

Name MOREY, HARTLEY D

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

1986 MY-TERN CT

City SANIBEL

FL

Zip Code 33959

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 _____ (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, 2001 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 PD
NAME MOREY, HARTLEY
STREET ADDRESS 1986 MY-TERN CT
CITY-ST-ZIP SANIBEL FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME MOREY, ANNE
STREET ADDRESS 1986 MY-TERN CT
CITY-ST-ZIP SANIBEL FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME DIPRETE, ANN
STREET ADDRESS 10 GROVE ST
CITY-ST-ZIP SANDWICH MA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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

HARTLEY D. MOREY 4/21/01 941-472-3272
PRES.

Date

Daytime Phone #

CR2E034 (10/00)