

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000000099**

1. Entity Name
BEAULAND/NUGENT, L.C.

FILED *WR 3/21*

00 MAR 13 PM 3:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **670 2ND STREET NORTH SAFETY HARBOR FL 34695**
Mailing Address: **670 2ND STREET NORTH SAFETY HARBOR FL 33556-3410**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number: **59-3495517** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, MOORE & O'CONNOR, P.A.
2240 BELLEAIR ROAD, SUITE 100
CLEARWATER FL 33764

Name: _____
Street Address (P.O. Box Number is Not Acceptable): **Suite 100**
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE: _____ Delete
NAME: **MGR BEAU, PHILIPPE**
STREET ADDRESS: **670 2ND STREET NORTH**
CITY-ST-ZIP: **SAFETY HARBOR FL 34695**

TITLE: _____ Change Addition
NAME: _____
STREET ADDRESS: **2328 DESTINY WAY**
CITY-ST-ZIP: **ODESSA, FL 33556-3410**

TITLE: _____ Delete
NAME: **MGR BEAU, ANDRE**
STREET ADDRESS: **670 2ND STREET NORTH**
CITY-ST-ZIP: **SAFETY HARBOR FL 34695**

TITLE: _____ Change Addition
NAME: _____
STREET ADDRESS: **2328 DESTINY WAY**
CITY-ST-ZIP: **ODESSA, FL 33556-3410**

TITLE: _____ Delete
NAME: **MGR NUGENT, ELEANOR**
STREET ADDRESS: **670 2ND STREET NORTH**
CITY-ST-ZIP: **SAFETY HARBOR FL 34695**

TITLE: _____ Change Addition
NAME: _____
STREET ADDRESS: **2328 DESTINY WAY**
CITY-ST-ZIP: **ODESSA, FL 33556-3410**

TITLE: _____ Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____ Change Addition
NAME: _____
STREET ADDRESS: **600003184006--3**
CITY-ST-ZIP: **-03/24/00--01124--013**
*******55.00 *****55.00**

TITLE: _____ Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____ Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____ Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____ Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/20/2000 **372-5410** (727)
Date Daytime Phone #

CR2E083 (9/99)