

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001791

1. Entity Name

BEACH THEATER, L.L.C.

FILED

00 JAN 14 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2500 TAMiami TRAIL NORTH, SUITE 112
NAPLES FL 34103

Mailing Address

2500 TAMiami TRAIL NORTH, SUITE 112
NAPLES FL 34103-4421



2. Principal Place of Business

6425 ASTERO Blvd.
Suite, Apt. #, etc.

3. Mailing Address

6425 ASTERO Blvd.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. MYERS Beach, FL.

City & State

FT. MYERS Beach

4. FEI Number

59-3535762

Applied For

Not Applicable

Zip

33931

Country

LEE

Zip

33931

Country

LEE

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOFFMAN, HARVEY

2500 TAMiami TRAIL NORTH, SUITE 112
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

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

6425 ASTERO Blvd.

City

FT. MYERS Beach

FL

Zip Code

33931

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

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

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGR
STREET ADDRESS HOFFMAN, HARVEY
CITY-ST-ZIP 2500 TAMiami TRAIL NORTH, SUITE 112
NAPLES FL 34103

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TITLE NAME
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10.

ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

6425 ASTERO Blvd.
FT. MYERS Beach, FL. 33931

☒ Change

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*****50.00 *****50.00

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TITLE NAME
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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 RECORDED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1/12/00 (941) 765-1121