

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90213 016 \*\*\*\*50.00

**DOCUMENT # L99000002215**

1. Entity Name  
**THE BEACHFRONT L.L.C.**

Principal Place of Business

**8889 PELICAN BAY BLVD., SUITE 403  
 NAPLES FL 34108**

Mailing Address

**8889 PELICAN BAY BLVD., SUITE 403  
 NAPLES FL 34108**

966186

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-4290067**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**HAMILTON MANAGEMENT SERVICES, INC.  
 8889 PELICAN BAY BLVD., SUITE 403  
 NAPLES FL 34108**

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

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGRM** ☒ Delete  
 NAME **THE WILLIAM J. VAN LIEBIG TRUST**  
 STREET ADDRESS **TWO N LASALLE STREET, SUITE 2200**  
 CITY-ST-ZIP **CHICAGO IL 60602**

TITLE **MGRM.** ☒ Change ☐ Addition  
 NAME **SUZANNE VAN LIEBIG HAMILTON TRUST**  
 STREET ADDRESS **8889 PELICAN BAY BLVD. STE. 403**  
 CITY-ST-ZIP **NAPLES, FL 34108**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/29/02 (941) 513-2229

CR2E083 (9/01)