## **2000 UNIFORM BUSINESS REPORT (UBR)** APPROVED L99000006192 DOCUMENT # 1. Entity Name 00 MAR 30 PH 12: 32 BEACH INVESTORS, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1861 PLACIDA ROAD, SUITE 204 1861 PLACIDA ROAD. SUITE 204 ENGLEWOOD FL 34223 ENGLEWOOD FL 34223-4949 2. Principal Place of Business Mailing Address 825 Wright 5 825 Wright st Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For inglewood Florida Not Applicable Englewood \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent William K Lyons BATSEL, C. GUY Street Address (P.O. Box Number is Not Acceptable) 1861 PLACIDA ROAD, SUITE 204 ENGLEWOOD FL 34223 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 (NOTE Aggistered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. Addition MGRM: TITLE Change BATSEL, C. GUY 1861 PLACIDA ROAD, SUITE 204 STREET ADDRESS ENGLEWOOD FL 34223 CITY-ST-ZIP TITLE RAME STREET ADDRESS CITY-ST-ZIP

9. TITLE RAME STREET ADDRESS CITY- ST-7IP J Kimpton Honey MGRM Change

9600 Eagle Preserve Dr

Englewood PL 34224

William K Lyons M Change

825 Wright st J Kimpton Honey 9600 Eagle Preserve Dr Erglewood FL 34224 TITLE STREET ADDRESS CITY- ST- ZIP - . 🔲 Debote TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS Englewood FL 34223 CITY- ST- ZIP CITY-ST-71P ☐ Addition \_\_\_ Delete TITLE 200003206362---04/12/00--01088--010 NAME STREET ADDRESS STREET ADDRESS CITY-81-ZIP \*\*\*\*\*50.00 \*\*\*\*50.00 Addition ☐ Detete TITLE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

3-27-00

Daytime Phone #