

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006846

1. Entity Name

EDISON BEACH & SPORT, L.L.C.

APPROVED  
AND  
FILED

00 JUN 19 PM 3:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2070 ANDREA LANE, STE. 1  
FT. MYERS FL 33912

Mailing Address

2070 ANDREA LANE, STE. 1  
FT. MYERS FL 33912-1983

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0957083

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

SCANLAN, BRIAN  
2070 ANDREA LANE, STE. 1  
FT. MYERS FL 33912

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**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME ☐ Delete  
MGR  
SCANLAN, BRIAN J  
STREET ADDRESS 2070 ANDREA LANE, STE. 1  
CITY-ST-ZIP FT. MYERS FL 33912

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
3000003259118-4  
-05/19/00--01028--034  
\*\*\*\*200.00 \*\*\*\*\*50.00  
☐ Change ☐ Addition

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE NAME ☐ Delete  
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CITY-ST-ZIP

TITLE NAME ☐ 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

Date

Daytime Phone #

4-26-00