2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State
04-10-2002 90658 006 ****61.25

0019339

DOCUMENT # N01000001477

1. Entity Name

THE SHOPPES AT BEACON LIGHT MERCHANTS ASSOCIATIO N, INC.

B00635595

Principal Place of Business	Mailing Address
~~1821 NE 24TH STREET~~ LIGHTHOUSE POINT FL 33064	~~1821 NE 24TH STREET~~ LIGHTHOUSE POINT FL 33064

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2400 Block of N. FEDERAL HWY	2436 N. FEDERAL HWY
Suite, Apt. #, etc.	Suite, Apt. #, etc. Box # 243
City & State: LIGHTHOUSE POINT	City & State: LIGHTHOUSE POINT
Zip: 33064 Country: USA	Zip: 33064 Country: USA

4. FEI Number: 65 1130731 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
B & C CORPORATE SERVICES, INC. 201 SOUTH BISCAYNE BLVD SUITE 3000 MIAMI FL 33131	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BROWN, TINA 1110 SW 5TH STREET BOCA RATON FL 33486	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BROWN, THOMAS M 1110 SW 5th ST BOCA RATON, FL 33486	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OFFERDAHL, JOHN 3016 BIRKDALE STREET WESTON FL 33332	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, DAVID 11028 MAINSAIL DR COOPER CITY, FL 33023	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ANDERSON, PETER C 2650 NE 24TH STREET POMPANO BEACH FL 33064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ISAACS, ROBERT 1201 HIBISCUS AVENUE POMPANO BEACH FL 33062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT COOPER, WILLIAM 3920 NE 27TH AVENUE LIGHTHOUSE POINT FL 33064	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BOYD, MARJORIE H 5949 NW 74th ST PARKLAND, FL 33067	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV DAVIS, CHARLES R. ~~2484 N. FEDERAL~~ 936 SE 14th Ave DEERFIELD BEACH, FL 33441	☐ Change ☒ Addition

CR2E037 (9/01)

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles Davis SIGNATURE REQUIRED 4/5/02 954-785-7980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #