

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90303 048 ****61.25

0007642

DOCUMENT # N02000008373

1. Entity Name

**WEST BEACHES INCORPORATION FEASIBILITY COMMITTEE
, INC.**



Principal Place of Business

**236 MAGNOLIA DRIVE
LAGUNA BEACH FL 32413**

Mailing Address

**236 MAGNOLIA DRIVE
LAGUNA BEACH FL 32413**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

**MINER, BARBARA
236 MAGNOLIA DRIVE
LAGUNA BEACH FL 32413**

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Delete
NAME	MINER, BARBARA	
STREET ADDRESS	236 MAGNOLIA DRIVE	
CITY-ST-ZIP	LAGUNA BEACH FL 32413	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HINMAN, LEE	
STREET ADDRESS	PO BOX 7490	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MALLARD, ELAINE	
STREET ADDRESS	207 PARADISO PLACE	
CITY-ST-ZIP	LAGUNA BEACH FL 32413	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LETCHWORTH, IRENE	
STREET ADDRESS	234 TWIN LAKES DR	
CITY-ST-ZIP	LAGUNA BEACH FL 32413	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **BARBARA MINER** *Barbara Miner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 2003
4/28/03 850-872-1607

Date

Daytime Phone #

CR2E037 (10/02)