

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90029 033 ****61.25

DOCUMENT # N09561

1. Entity Name
BEACH PLAZA APARTMENT MOTEL CONDOMINIUM ASSOCIAT

Principal Place of Business Mailing Address
14560 GULF BLVD. 14560 GULF BLVD.
MADEIRA BEACH FL 33708 MADEIRA BEACH FL 33708

00062769



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2527843		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CULLEM, JOHN, P 856 2ND AVE NORTH ST PETERSBURG FL 33701				Name			
				AYOUB, JACK			
				Street Address (P.O. Box Number is Not Acceptable)			
				14560 Gulf Blvd.			
				City		Zip Code	
				Madeira Beach		FL 33708	

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 Jack Ayoub, M(managing director) *Jack Ayoub* 8-26-2001
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
After September 12, 2001, min. will be \$236.25

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	PD SCHUETTE, CRAIG L <input type="checkbox"/> Delete	TITLE NAME	T Lylia Ayoub <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	14560 GULF BLVD	STREET ADDRESS	14560 Gulf Blvd.
CITY-ST-ZIP	MADEIRA BEACH FL 33708	CITY-ST-ZIP	Madeira Beach, FL. 33708
TITLE NAME	SDV SLIFTEN, TAMMY <input type="checkbox"/> Delete	TITLE NAME	T Farid Karam <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	14560 GULF BLVD	STREET ADDRESS	17920 Gulf Blvd. Suite #1507
CITY-ST-ZIP	MADEIRA BEACH FL 33708	CITY-ST-ZIP	Redington Shores, FL. 33708
TITLE NAME	STD SLIFTEN, DAVID W <input type="checkbox"/> Delete	TITLE NAME	T Daad Karam <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	14560 GULF BLVD	STREET ADDRESS	17920 Gulf Blvd. Suite #1507
CITY-ST-ZIP	MADERIA BEACH FL 33708	CITY-ST-ZIP	Redington Shores, FL. 33708
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Jack Ayoub *Jack Ayoub* 8-26-01 (727) 319-6393

CR2E037 (5/01)

Attachment DOC# N09561
D00627109
New Fed. I.D.# 59-3713582

JACK AYOUB

DBA: JACKFAK LLC