

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29932

1. Entity Name

BEACHES AQUATIC CLUB, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90053 030 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 50768
JACKSONVILLE BEACH FL 32240-7768

P.O. BOX 50768
JACKSONVILLE BEACH FL 32240-0768

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

59-2913633

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

BRONER, NANCY S.
1354 PINWOOD RD.
JACKSONVILLE BEACH 32250

Name *Gwen Price*

Street Address (P.O. Box Number is Not Acceptable)

1834 Kings Way

City *Neptune Beach*

FL

Zip Code
32266

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

Gwen N. Price

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/14/00

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **CARLIN, SUSAN**
CITY-ST-ZIP **1918 HICKORY LANE**
ATLANTIC BCH FL

TITLE ☐ Change ☒ Addition
NAME **PD**
STREET ADDRESS *Gwen Price*
CITY-ST-ZIP *1834 Kings Way*
Neptune Beach, FL 32266

TITLE ☒ Delete
NAME **PD**
STREET ADDRESS **BRONER, NANCY**
CITY-ST-ZIP **1354 PINWOOD RD.**
JACKSONVILLE FL

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS *Mike Heath*
CITY-ST-ZIP *40 Quail Lane*
Jacksonville Beach, FL 32250

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **CARLIN, MICHAEL**
CITY-ST-ZIP **1918 HICKORY LANE**
ATLANTIC BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Gwen N. Price
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/00 *(904) 241-1204*

Date

Daytime Phone #

CR2E037 (9/99)