

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36323

1. Entity Name

NORTH BEACH VILLAGE II CONDOMINIUM ASSOCIATION.

Principal Place of Business

6250 HOLMES BLVD.  
UNIT 35  
HOLMES BEACH FL 34217-1663  
US

Mailing Address

6250 HOLMES BLVD.  
~~UNIT 35~~  
HOLMES BEACH FL 34217-1668  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Box 100

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0173183

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

PRICE, DAVID  
6250 HOLMES BLVD. #35  
HOLMES BEACH FL 34217

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 \$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 PD  
NAME PRICE, DAVID  
STREET ADDRESS 6250 HOLMES BLVD. #35  
CITY-ST-ZIP HOLMES BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME MARSICANO, JEAN  
STREET ADDRESS 6250 HOLMES BLVD. #33  
CITY-ST-ZIP HOLMES BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  
NAME VICKERS, BRUCE  
STREET ADDRESS 6250 HOLMES BLVD., #72  
CITY-ST-ZIP HOLMES BEACH FL

TITLE  
NAME VICKERS, BRUCE  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME SCHREIER, JUDITH  
STREET ADDRESS 6250 HOLMES BLVD. #36  
CITY-ST-ZIP HOLMES BEACH FL 34217

TITLE  
NAME SCHREIER, JUDITH  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
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:

DAVID PRICE

4/21/00

(941)779-2662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)