

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**  
 05-17-2001 91347 020 \*\*\*\*61.25

**DOCUMENT # N45259**

1. Entity Name

**BEACHES BUSINESS ASSOCIATION, INC.**

Principal Place of Business

P.O. BOX 49161  
 JACKSONVILLE BEACH FL 32240-9161

Mailing Address

P.O. BOX 49161  
 JACKSONVILLE BEACH FL 32240-9161

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

**59-3157370**

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

**LINDROFF, STEVEN G**  
**11 NORTH 3 STREET**  
**JACKSONVILLE BEACH FL 32250**

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 **P** ☐ Delete  
 NAME **SHAILER, KIM**  
 STREET ADDRESS **637 1 AVENUE NORTH**  
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **P** ☒ Change ☐ Addition  
 NAME **JAMES MURPHY**  
 STREET ADDRESS **560 ATLANTIC BLVD.**  
 CITY-ST-ZIP **NEPTUNE BEACH FL 32266**

TITLE **VPD** ☐ Delete  
 NAME **MURPHY, JAMES**  
 STREET ADDRESS **560 ATLANTIC BLVD.**  
 CITY-ST-ZIP **NEPTUNE BEACH FL 32266**

TITLE **VPD** ☒ Change ☐ Addition  
 NAME **DICK BROWN**  
 STREET ADDRESS **1302 NEPTUNE GROVE E**  
 CITY-ST-ZIP **NEPTUNE BEACH FL 32266**

TITLE **DT** ☐ Delete  
 NAME **LINDROFF, STEVEN G**  
 STREET ADDRESS **11 NORTH 3 STREET**  
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **LINDORFF, STEVEN G** ☒ Change ☐ Addition  
 NAME **LINDORFF, STEVEN G**  
 STREET ADDRESS **CORRECT SPELLING**  
 CITY-ST-ZIP

TITLE **DS** ☐ Delete  
 NAME **WALLACE, LYNN M**  
 STREET ADDRESS **3002 OCEAN DRIVE SOUTH**  
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **DS** ☒ Change ☐ Addition  
 NAME **ANDY SCOTT**  
 STREET ADDRESS **100 N 3RD STREET**  
 CITY-ST-ZIP **JACKSONVILLE BCH FL 32250**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: **STEVEN G. LINDORFF** 5/8/01 (904) 247-6231

CR2E037 (10/00)