

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

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

03-05-2003 90070 005 ****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

☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

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

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, DICK	
STREET ADDRESS	1302 NEPTUNE GROVE E.	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, JAMES	
STREET ADDRESS	560 ATLANTIC BLVD.	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	

TITLE	DT	<input type="checkbox"/> Delete
NAME	LINDORFF, STEVEN G	
STREET ADDRESS	11 NORTH 3 STREET	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	

TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, ANDY	
STREET ADDRESS	100 N. 3RD STREET	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN SHEALY, LARRY	
STREET ADDRESS	1715 PENMAN RD	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAGLE, PETER	
STREET ADDRESS	1315 S 3RD STREET	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	

TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLINN, EMMA	
STREET ADDRESS	P.O. BOX 49161	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	

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

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

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: STEVEN G. LINDORFF 2/28/03 (904) 2476231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)