

APPROVED
AND
FILED

00 APR 10 PH 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02-15-00 90031 037-41.2



DO NOT WRITE IN THIS SPACE

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002096

Entity Name

LAUDERDALE-BY-THE-SEA MAIN STREET, INC.

Principal Place of Business		Mailing Address	
200 GARDEN CT., #8 LAUDERDALE-BY-THE-SEA FL 33308		200 GARDEN CT., #8 LAUDERDALE-BY-THE-SEA FL 33308	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **05-0582285** 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	
WHITE, CAROLYN ESO 2455 E. SUNRISE BLVD FT LAUDERDALE FL 33304		Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL Zip Code	

A. 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 renewing)

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 BEATTY, SUSAN 230 GARDEN CT., #8 LAUDERDALE-BY-THE-SEA FL 33308	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SB KRAEMER, THOMAS 200 GARDEN CT., #8 LAUDERDALE-BY-THE-SEA FL 33308	TITLE	VP/D ☒ Change ☐ Addition
NAME		NAME	KRAEMER, THOMAS
STREET ADDRESS		STREET ADDRESS	230 GARDEN CT. #8
CITY-ST-ZIP		CITY-ST-ZIP	LAUDERDALE-BY-THE-SEA, FL 33308
TITLE	TD HADDEN, TERRA 230 E. COMMERCIAL BLVD LAUDERDALE-BY-THE-SEA FL 33308	TITLE	S/T/D ☐ Change ☒ Addition
NAME		NAME	ANNA MAE FRENCH
STREET ADDRESS		STREET ADDRESS	226 GARDEN CT
CITY-ST-ZIP		CITY-ST-ZIP	LAUDERDALE-BY-THE-SEA, FL 33308
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Susan Beatty

1-13-00 954-716-3419