

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005090

1. Entity Name

BEACON 21 BOAT CLUB, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90037 017 ****61.25

Principal Place of Business
451 NE 14TH CT.
STE. 543
JENSEN BEACH FL 34957

Mailing Address
451 NE 14TH CT.
STE. 543
JENSEN BEACH FL 34957



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1451 NE 14th Ct

3. Mailing Address
i Same

Suite, Apt. #, etc.
Suite #543

Suite, Apt. #, etc.

City & State
Jensen Beach

City & State

Zip
FL

Country
34957

Zip

Country

4. FEI Number
65-0659457

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DLABOLA, JOSEPH
1451 NE 14TH CT
#43
JENSEN BEACH FL 34957

7. Name and Address of New Registered Agent

Name

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

543

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAMPLOUGH, JUNE 1555 NE BEACON DR. STE 1006 JENSEN BEACH FL 34957 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DLOBOLA, JOSEPH 1401 NE 14TH CT., APT. 8 JENSEN BEACH FL 34957 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DLABOLA, JOE 1451 NE 14TH CT. STE. 543 JENSEN BEACH FL 34957 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LUCAS, ERNIE 1411 NE 14TH CT. STE P13 JENSEN BEACH FL 34957 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, CORT 1280 NE 14TH CT. L-15 JENSEN BCH FL 34957 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: SIGNATURE REQUIRED Treasurer June Lamplough 1/28/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date