

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000327

1. Entity Name

BEACHES HOSPITALITY NETWORK, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90087 004 ****61.25

Principal Place of Business

C/O DODIE JONES-DAYS INN OCEANFRONT
1031 SOUTH FIRST STREET
JACKSONVILLE BEACH FL 32250
US

Mailing Address

C/O DODIE JONES-DAYS INN OCEANFRONT
1031 SOUTH FIRST STREET
JACKSONVILLE BEACH FL 32250-6503
US

2. Principal Place of Business

cb Lisa Simpson - Comfort Inn
Suite, Apt. #, etc.
1515 N. 1st St

3. Mailing Address

Carolyn Herman
Suite, Apt. #, etc.
1831 N. Third St

City & State

Jacksonville Bch, FL 32250

City & State

Jacksonville Bch, FL

Zip

32250

Country

USA

Zip

32250

Country

USA

4. FEI Number

59-3358152

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERMAN, CAROLYN
1831 N. THIRD 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.

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 **DP**
NAME **BALOWIN, ARLENE**
STREET ADDRESS **1 OCEAN BLVD**
CITY-ST-ZIP **ATLANTA BEACH FL 32233**

☐ Delete

TITLE **VPD**
NAME **DUNHAM, MARK**
STREET ADDRESS **14125 BEDON BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32250**

☐ Delete

TITLE **SD**
NAME **DIPPEL, CAROLYN**
STREET ADDRESS **120 CUMBERLAND PC D -#1**
CITY-ST-ZIP **ST. AUGUSTINE FL 32095**

☐ Delete

TITLE **TD**
NAME **HERMML, CAROLY**
STREET ADDRESS **1831 N. THIRD STREET**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP**
NAME **LISA SIMPSON**
STREET ADDRESS **cb Comfort Inn, 1515 N. 1st St**
CITY-ST-ZIP **Jacksonville Bch, FL 32250**

☒ Change ☐ Addition

TITLE
NAME **Sandra Matheson**
STREET ADDRESS **cb Bampton Inn, 1415 N. 1st St**
CITY-ST-ZIP **Jacksonville Bch, FL 32250**

☐ Change ☐ Addition

TITLE **DS**
NAME **Mary Jane Brown**
STREET ADDRESS **cb Beach Exchange of Commerce,**
CITY-ST-ZIP **Jacksonville Beach, FL 32250**

☒ Change ☐ Addition

TITLE **DT**
NAME **HERMAN, CAROLYN** *Spelling*
STREET ADDRESS **1831 N. Third St**
CITY-ST-ZIP **Jacksonville Bch, FL 32250**

☒ 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: *Carolyn Herman* **CAROLYN HERMAN, TREASURER** *3/14/00* *904/247-9420*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)