

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000327

1. Entity Name

BEACHES HOSPITALITY NETWORK, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90043 047 ****61.25

U0009354



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O LISA SIMPSON - COMFORT INN
1515 N 1ST ST
JACKSONVILLE BEACH FL 32250
US

CAROLYN HERMAN
1831 N THIRD ST
JACKSONVILLE BEACH FL 32250
US

2. Principal Place of Business

C/O Gina Villacorta -
Suite, Apt. #, etc. Country Inn & Suites
1300 Sawgrass Circle
City & State
Ponte Vedra Beach, FL

3. Mailing Address

CAROLYN HERMAN
Suite, Apt. #, etc.
830 S. Third St #104
City & State
Jacksonville Beach, FL 32250

City & State

Ponte Vedra Beach, FL

City & State

Jacksonville Beach, FL 32250

Zip

32082

Country

St. Johns

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 CAROLYN HERMAN
Street Address (P.O. Box Number is Not Acceptable)
830 S. Third St #104
City Jacksonville Beach FL Zip Code 32250

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 Carolyn Herman CAROLYN HERMAN 1/15/01
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	DP SIMPSON, LISA COMFORT INN 1515 N 1ST ST JACKSONVILLE BEACH FL 32250	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MATHESON, SANDRA BRAMPTON INN 1415 N 1ST ST JACKSONVILLE FL 32250	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, MARY J CHAMBER OF COMMERCE JACKSONVILLE BEACH FL 32250	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERMAN, CAROLYN 1831 N. THIRD STREET JACKSONVILLE BEACH FL 32250	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Gina Villacorta Country Inn & Suites, 1300 Sawgrass Circle Ponte Vedra Bch, FL 32082	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAROLYN HERMAN 830 S. Third St #104 Jacksonville Beach, FL 32250	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 1/16/01 904 247-9420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)