

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

**FILED**  
**Mar 04, 2003 8:00 am**  
**Secretary of State**

03-04-2003 90061 042 \*\*\*\*61.25

**DOCUMENT # N96000000327**

1. Entity Name

**BEACHES HOSPITALITY NETWORK, INC.**



Principal Place of Business

~~C/O USA SIMPSON - COMFORT INN~~  
~~1300 SAWGRASS CIRCLE~~  
~~PONTE VEDRA BEACH FL 32082~~  
~~US~~

Mailing Address

CAROLYN HERMAN  
830 S THIRD STREET #104  
JACKSONVILLE BEACH FL 32250  
US

2. Principal Place of Business

*ep Sterling Joyce - Max's Restaurant*

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*1312 Beach Blvd*

City & State

*Jacksonville Bch, FL*

City & State

Zip

*32250*

Country

*USA*

Country

4. FEI Number **59-3358152**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HERMAN, CAROLYN  
830 S THIRD STREET  
104  
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

I, 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 **DP** ☒ Delete  
NAME **TOWNSEND, KAREN**  
STREET ADDRESS **SEA TURTLE INN-ONE OCEAN BLVD**  
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE **DST** ☒ Delete  
NAME **STRIPLING, MARYANN**  
STREET ADDRESS **DAYS INN OCEANFRONT-1015 S FIRST ST**  
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **D** ☐ Delete  
NAME **CROSS, JOHN**  
STREET ADDRESS **LACRUISE CASINO, 1A1A N**  
CITY-ST-ZIP **JACKSONVILLE FL 32267**

TITLE **D** ☒ Delete  
NAME **JONES, DODIE**  
STREET ADDRESS **COMFORT INN-1515 S FIRST STREET**  
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **D** ☒ Delete  
NAME **HERMAN, CAROLYN**  
STREET ADDRESS **830 S THIRD STREET 104**  
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Change ☐ Addition  
NAME **sterling Joyce**  
STREET ADDRESS **MAX'S INTL REST - 1312 Beach Blvd**  
CITY-ST-ZIP **Jacksonville Bch, FL 32250**

TITLE **DVP** ☒ Change ☐ Addition  
NAME **Walter Bunsu**  
STREET ADDRESS **413 S. 20th St**  
CITY-ST-ZIP **Jax Bch, FL 32250**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DST** ☒ Change ☐ Addition  
NAME **CAROLYN SARGENT**  
STREET ADDRESS **Comfort Inn - 1515 N. 1st St**  
CITY-ST-ZIP **Jacksonville Bch, FL 32250**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/03/03 904 247-9420*

CR2E037 (10/02)