

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000004708**

1. Entity Name

SONS OF THE BEACHES, INC.**FILED****Apr 24, 2000 8:00 am**
Secretary of State

04-24-2000 90072 036 ****61.25

Principal Place of Business

Mailing Address

**731 NORTH OLEANDER AVENUE
DAYTONA BEACH FL 32118****P.O. BOX 2733
DAYTONA BEACH FL 32115-2733**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3403954

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****BURKE, PAUL E SR.
731 NORTH OLEANDER AVENUE
DAYTONA BEACH FL 32118**

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****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	DP	BURKE, PAUL E SR.	731 NORTH OLEANDER AVENUE DAYTONA BEACH FL 32118	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	DS	WILLIAMS, JOHN J	717 NORTH PENINSULA DRIVE DAYTONA BEACH FL 32118	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	T	DRIES, ROSEANN	9 STUART DRIVE HOLLY HILL FL 32117	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

**904-252-0144
4-12-00**

CR2E037 (9/99)