

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/6/

**FILED**  
**Jun 18, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90242 030 \*\*\*\*61.25

**DOCUMENT # N96000004708**

1. Entity Name

**SONS OF THE BEACHES, INC.**

Principal Place of Business

Mailing Address

**731 NORTH OLEANDER AVENUE  
 DAYTONA BEACH FL 32118**

**P.O. BOX 2793  
 DAYTONA BEACH FL 32118**

93504



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**549 Ballough Rd**  
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DAYTONA BEACH FL**

4. FEI Number

**59-3403954**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32114**

**USA**

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

**John J. Williams**

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

**717 N. PENINSULA DR**

City

**DAYTONA Beach**

FL

Zip Code

**32118**

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

**4/22/02**

**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 **DP** ☒ Delete  
 NAME **BURKE, PAUL E SR.**  
 STREET ADDRESS **731 NORTH OLEANDER AVENUE**  
 CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE **D** ☐ Change ☒ Addition  
 NAME **TERRY ABDO**  
 STREET ADDRESS **3470 Country Walk DR**  
 CITY-ST-ZIP **PORT ORANGE, FL 32119**

TITLE **DS** ☐ Delete  
 NAME **WILLIAMS, JOHN J**  
 STREET ADDRESS **717 NORTH PENINSULA DRIVE**  
 CITY-ST-ZIP **DAYTONA BEACH FL 32118**

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

TITLE **D** ☐ Delete  
 NAME **DRIES, ROSEANN**  
 STREET ADDRESS **549 BALLLOUGH RD**  
 CITY-ST-ZIP **HOLLY HILL FL 32117**

TITLE **D** ☒ Change ☐ Addition  
 NAME **JAVUREK, ROSEANN M**  
 STREET ADDRESS **549 Ballough Rd**  
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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 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

Date

Daytime Phone #

**6/3/02**

CR2E037 (9/01)