

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006762

1. Entity Name

SILVER BEACH VILLAGE ASSOCIATION, INC.

FILED

00 FEB -2 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1025 S. ATLANTIC AVE.
DAYTONA BEACH FL 32118

1025 S. ATLANTIC AVE.
DAYTONA BEACH FL 32118-4764

2. Principal Place of Business

1015 S. ATLANTIC AVE

Suite, Apt. #, etc.

3. Mailing Address

1015 S. ATLANTIC AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 59-3475398

Applied For
Not Applicable

Zip

Country

Zip

Country

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

HEY, W. ROBERT

1025 S. ATLANTIC AVE.
DAYTONA BEACH FL 32118

Name

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

1015 S. ATLANTIC

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

W. ROBERT HEY

W. Robert Hey

1-20-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE \$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	<input type="checkbox"/> Delete
NAME	HEY, W. ROBERT	1015
STREET ADDRESS	1025 S. ATLANTIC AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	DV	<input type="checkbox"/> Delete
NAME	LABOSCO, CHERYL	1015
STREET ADDRESS	1025 S. ATLANTIC AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	DST	<input type="checkbox"/> Delete
NAME	FISKE, MARIE	1015
STREET ADDRESS	1025 S. ATLANTIC AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	500003128405	
STREET ADDRESS	-02/08/00--01131--006	
CITY-ST-ZIP	*****70.00 *****70.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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:

W. Robert Hey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-00