

2000 UNIFORM BUSINESS REPORT (UBR)

0008933

DOCUMENT # N98000000539

1. Entity Name

FLORIDA BETA HOUSE CORPORATION

FILED

00 AUG -1 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

503 WEST PARK AVE.
TALLAHASSEE FL 32301

Mailing Address

1997 BUCK LAKE CR.
TALLAHASSEE FL 32311-8402

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

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUNROE, W. BRADLEY
239 EAST VIRGINIA ST.
TALLAHASSEE FL 32301

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 D ☐ Delete
NAME DICKSON, RANDALL
STREET ADDRESS 743 PINE RD 3013 Thomasville Rd
CITY-ST-ZIP TALLAHASSEE FL 32300 32312

TITLE D ☒ Delete
NAME ASKER, ALAN G
STREET ADDRESS 4715 PINTALE DR.
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE D ☒ Delete
NAME STEWART, ALBAN
STREET ADDRESS 1997 BUCK LAKE CR.
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE D ☐ Delete
NAME BARNARD, BRIAN D
STREET ADDRESS 7044 OX BOW RD.
CITY-ST-ZIP TALLAHASSEE FL 32312 Director

TITLE ☐ Delete
NAME S.R. Long
STREET ADDRESS 503 W. Park Ave
CITY-ST-ZIP Tallahassee, FL 32301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME 600003351466--6
STREET ADDRESS --08/09/00--01103--011
CITY-ST-ZIP *****70.00 *****70.00

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

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

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

Date

Daytime Phone #

CR2E037 (9/99)