

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State
 02-06-2001 90240 034 ****61.25

DOCUMENT # N99000002319

1. Entity Name

BEACHSIDE BROWNS BACKERS, INC.

Principal Place of Business

P.O. BOX 321246
 COCOA BEACH FL 32932-1246

Mailing Address

P.O. BOX 321246
 COCOA BEACH FL 32932-1246

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

934 BEA PLACE

Suite, Apt. #, etc.

934 BEA PLACE

City & State

Rockledge Florida

City & State

Rockledge Florida

Zip

32955

Country

U.S.A.

Zip

32955

Country

U.S.A.

4. FEI Number

59-3576790

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MOON, MICHAEL A
530 SOUTH BREVARD AVENUE #312
COCOA BEACH FL 32931

7. Name and Address of New Registered Agent

Name

KENNETH R. HIGGINBOTHAM

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

934 BEA PLACE

City

Rockledge

FL

Zip Code

32955

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

Kenneth R. Higginbotham

25 JAN 2001

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOON, MICHAEL A	
STREET ADDRESS	P.O. BOX 321246	
CITY-ST-ZIP	COCOA BEACH FL 32932-1246	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KELLY, JAMES	
STREET ADDRESS	2044 WASATCH AVENUE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAPRARA, JAMES	
STREET ADDRESS	2100 N. ATLANTIC., #906	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	D	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNETH R. Higginbotham	
STREET ADDRESS	934 BEA PLACE	
CITY-ST-ZIP	Rockledge, FLA 32955	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOLANTA COLLINS	
STREET ADDRESS	170 FLAGLER LANE Apt 109	
CITY-ST-ZIP	COCOA BEACH, FLA 32931	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATIE GIERING	
STREET ADDRESS	59 PARK STREET	
CITY-ST-ZIP	Rockledge, FLA 32955	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Kenneth R. Higginbotham
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH R. HIGGINBOTHAM **25 JAN 2001** **(321)634-1846**
 Date Daytime Phone #

CR2E037 (10/00)