

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N99000003210**

1. Entity Name

**Beach Watch, INC**

FILED

00 MAR 23 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**Box 18272  
County Pier Fld Rd 12213 Fld  
P.O. Box, FL 32417 P.O. Box FL 32417**

2. Principal Place of Business

3. Mailing Address

**County pier**

**Box 18272**

City & State

City & State

**PLBch FL**

**PLBch FL**

4. FEI Number

**59-3575589**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32417**

**USA**

**32417**

**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

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

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

**W D McCollum** ☐ Delete

**pres**

**405 Fairway Blvd**

**PLBch FL 32407**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**UPRES** ☒ Delete

**405 Fairway Blvd**

**PLBch FL 32407**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**G McCollum** ☐ Delete

**405 Fairway Blvd**

**PLBch FL 32417**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**UPRES** ☐ Delete

**G McCollum**

**405 Fairway Blvd PLBch FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**UPRES** ☐ Delete

**G McCollum**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**500003217635-5**

**-04/21/00-01007-006**

**\*\*\*\*211.45 \*\*\*\*\*61.25**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**G McCollum** ☒ Change ☐ Addition

**405 Fairway Blvd**

**PLBch FL 32407**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**Temple McCollum** ☐ Change ☒ Addition

**405 Fairway Blvd**

**PLBch FL 32407**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**April McCollum** ☐ Change ☒ Addition

**405 Fairway**

**PLBch FL 32407**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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 #

**UPRES / Dir**

**3-8-00**

**2308323**

CR2E037 (9/99)