2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State
05-17-2001 91282 038 ****70.00

DOCUMENT # N99000005104

1. Entity Name

FLAGLER BEACH SCENIC HIGHWAY COMMUNITY ADVOCACY GROUP, INC.

A0067512

Principal Place of Business	Mailing Address
306 S. Oceanshore Blvd. Flagler Beach, FL 32136	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Flagler Beach, FL	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 593600691 ☐ Applied For ☐ Not Applicable

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
Dennis Bayer P.O. Box 1505 Flagler Beach, FL 32136	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 / NAME / STREET ADDRESS / CITY-ST-ZIP			
D	Charles Helm P.O. Box 328 Flagler Beach, FL 32136 ☐ Delete	P/D Charles Helm P.O. Box 328 Flagler Beach, FL 32136	☒ Change ☐ Addition
D	Tony Marlow P.O. Box 2225 Flagler Beach, FL 32136 ☒ Delete	VP/D Mary Ann Ruzecki 1100 S. Central Avenue Flagler Beach, FL 32136	☐ Change ☒ Addition
D	Alice Baker P.O. Box 478 Flagler Beach, FL 32136 ☒ Delete	S/D Judy Rhame 136 Lantana Avenue Flagler Beach, FL 32136	☐ Change ☒ Addition
T/D	Thomas Sheehan P.O. Box 480 Flagler Beach, FL 32136 ☒ Delete	T/D June Maher 346 N. 11th Street Flagler Beach, FL 32136	☐ Change ☒ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition

CR2E037 (11/00)

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: _____ 4-27-01 904-439-1627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #