

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000026759

1. Entity Name

PRINCIPLES BY THE SEA, INC.

FILED

02 FEB -6 PM 2:50

Principal Place of Business

Mailing Address

2839 VISTAMAR STREET

FT. LAUDERDALE, FL 33304

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

65-0990176

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

SPENCER GOLDEN

2839 VISTAMAR STREET

FT. LAUDERDALE, FL 33304

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: Spencer Golden

(NOTE: Registered Agent signature required when reinstating)

4/24/01

9. This corporation is eligible to satisfy its Intangible Filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PO  
NAME: STEPHEN HAMBERGER  
STREET ADDRESS: 2839 VISTAMAR STREET  
CITY-ST-ZIP: FT. LAUDERDALE, FL 33304

TITLE: 300004912503-9  
NAME: -02/12/02-01071-018  
STREET ADDRESS: \*\*\*\$900.00 \*\*\*\$900.00  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: PO  
NAME: SPENCER GOLDEN  
STREET ADDRESS: 2839 VISTAMAR ST  
CITY-ST-ZIP: FT. LAUDERDALE, FL 33304

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

Daytime Phone #

CR2E034 (9/99)