

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000047497

1. Entity Name

100 BEACH DRIVE, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90316 034 ***150.00

Principal Place of Business

Mailing Address

ONE BEACH DR SE, SUITE 220
ST PETERSBURG FL 33701

ONE BEACH DR SE, SUITE 220
ST PETERSBURG FL 33701

2. Principal Place of Business

3. Mailing Address

ONE BEACH DR. SE

ONE BEACH DR. SE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 402

STE. 402

City & State

City & State

ST. PETERSBURG, FL

ST. PETERSBURG, FL

Zip

Country

Zip

Country

33701

USA

33701

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3646869

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

ROBERGE, THOMAS C
ONE BEACH DR SE, SUITE 220
ST PETERSBURG FL 33701

Name

ROBERT MORTELL

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

100 BEACH DRIVE, SUITE 402

City

ST. PETERSBURG

FL

Zip Code

33701

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

Robert Mortell

ROBERT MORTELL

3/7/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 PSTD
NAME ROBERGE, THOMAS C
STREET ADDRESS ONE BEACH DR SE, SUITE 220
CITY-ST-ZIP ST PETERSBURG FL 33701 ☒ Delete

TITLE P, S, T, D
NAME ROBERT MORTELL
STREET ADDRESS 100 BEACH DRIVE, SUITE 402
CITY-ST-ZIP ST. PETERSBURG, FL 33701 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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 all other like empowered.

SIGNATURE:

Robert Mortell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT MORTELL

3/7/01

727 823 2053

Date

Daytime Phone #

CR2E034 (10/00)

0523191