

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91046 019 ***150.00

DOCUMENT # <i>P00000056093</i>				1. Entity Name MCCALL'S BEACH CASTLE BAYSIDE CORP.	
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 5310 GULF OF MEXICO DR.			3. Mailing Address SAME		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State LONGBOAT KEY, FL			City & State		4. FEI Number 65-1022243
Zip 34228		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE			7. Name and Address of Current Registered Agent		
			Name RIC GREGORIA, ESQ.		
			Street Address (P.O. Box Number is Not Acceptable) 200 S. ORANGE AVENUE		
			City SARASOTA		
FL			Zip Code 34236		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MCCALL, JEAN M. 5310 GULF OF MEXICO DR. LONGBOAT KEY, FL 34228		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP MCCALL, SANDRA R. 5310 GULF OF MEXICO DR. LONGBOAT KEY, FL 34228		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS MCCALL, JOHN K. 5310 GULF OF MEXICO DR. LONGBOAT KEY, FL 34228		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT MCCALL, DANIEL B. 5310 GULF OF MEXICO DR. LONGBOAT KEY, FL 34228		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>JEAN MCCALL</i> <i>04/03/03</i> <i>941.355.7420</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034B (12/02)