

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
 05-01-2002 91620 038 ***150.00

0347615 AV

DOCUMENT # P00000114300

1. Entity Name
BEACH PROPERTY GROUP, INC.

Principal Place of Business
**C/O GUNSTER, YOAKLEY & STEWART, P.A.
 500 E. BROWARD BLVD., SUITE 1400
 FT. LAUDERDALE FL 33394**

Mailing Address
**C/O GUNSTER, YOAKLEY & STEWART, P.A.
 500 E. BROWARD BLVD., SUITE 1400
 FT. LAUDERDALE FL 33394**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1500 Cordova Road
 Suite, Apt. #, etc.
Suite 300
 City & State
Ft. Lauderdale, FL

3. Mailing Address
1500 Cordova Road
 Suite, Apt. #, etc.
Suite 300
 City & State
Ft. Lauderdale, FL

Zip
33316 Country
Broward

4. FEI Number **65-1064685** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**VALDES-FAULI CORPORATE SERVICES, INC.
 500 E. BROWARD BLVD., SUITE 1400
 FT. LAUDERDALE FL 33394**

7. Name and Address of New Registered Agent
 Name **Don Stevens**
 Street Address (P.O. Box Number is Not Acceptable)
1160 Glenwood Court.
 City **Ft. Lauderdale** FL Zip Code **33326**

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 **Don Stevens** (954) 522-2660
 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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEVENS, DON 1 E. BROWARD BLVD., STE 101 FORT LAUDERDALE FL 33301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHALEN, PAUL 1 E. BROWARD BLVD., STE 101 FORT LAUDERDALE FL 33301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Don Stevens** 4/17/02 (954) 522-2660
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #

CR2E034 (9/01)