

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90025 047 ***150.00

2688390
 DS

DOCUMENT # P01000032501

1. Entity Name

A1A FLORIDA BEACHES REALTY CORP.

Principal Place of Business

**5413 AIA SOUTH
 SAINT AUGUSTINE FL 32080-7111**

Mailing Address

**5413 AIA SOUTH
 SAINT AUGUSTINE FL 32080-7111**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3718799

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **Aleta A Anderson**
 Street Address (P.O. Box Number is Not Acceptable)
5413 A1A South
 City **St Augustine** **FL** Zip Code **32080-7111**

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)

4-1-02

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 **PSTD**
 NAME **ANDERSON, ALETA A**
 STREET ADDRESS **5413 AIA SOUTH**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32080-7111**

☐ Delete

TITLE **VD**
 NAME **FARLEY, EDWARD**
 STREET ADDRESS **5413 AIA SOUTH**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32080-7111**

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TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

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 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:

Aleta A. Anderson, President

904-471-2320

4-1-02

Date

Daytime Phone #

CR2E034 (9/01)