

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90071 049 \*\*\*150.00

**DOCUMENT # P01000055982**

1. Entity Name

**BEONDE & MCGEE REALTY INVESTMENT & DEVELOPMENT, INC.**

Principal Place of Business

**84 S HIDEAWAY PL  
 STUART FL 34994**

Mailing Address

**84 S HIDEAWAY PL  
 STUART FL 34994**

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

**65-1091481**

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

**BEONDE, ANTHON CRAIG  
 84 S HIDEAWAY PL  
 STUART FL 34994**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **P BEONDE, ANTHON CRAIG**  
 STREET ADDRESS **84 S HIDEAWAY PL**  
 CITY-ST-ZIP **STUART FL 34994**

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

TITLE ☐ Delete  
 NAME **V CONWAY MCGEE, HENRY**  
 STREET ADDRESS **1151 SW 30 ST, STE D**  
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☒ Change ☐ Addition  
 NAME **MCGEE, HENRY CONWAY**  
 STREET ADDRESS **1081 SW LIGHTHOUSE DR**  
 CITY-ST-ZIP **PALM CITY, FL 34990**

TITLE ☒ Delete  
 NAME **S LOUISE MEY, MARY**  
 STREET ADDRESS **2800 BLACKROCK TURNPIKE**  
 CITY-ST-ZIP **FAIRFIELD CT 06432**

TITLE ☐ Change ☒ Addition  
 NAME **MCGEE, AMANDA T**  
 STREET ADDRESS **1081 SW LIGHTHOUSE DR**  
 CITY-ST-ZIP **PALM CITY, FL 34990**

TITLE ☐ Delete  
 NAME **T YOUNG BEONDE, PATRICIA**  
 STREET ADDRESS **84 S HIDEAWAY PL**  
 CITY-ST-ZIP **STUART FL 34994**

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**04/14/02 772-283-4263**

CR2E034 (9/01)