

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90854 017 \*\*\*150.00

**DOCUMENT # P01000072756**

1. Entity Name  
**BEACH CLUB DEVELOPMENT, INC.**



Principal Place of Business  
**2200 VIA DELUNA DRIVE  
PENSACOLA FL 32561**

Mailing Address  
**2200 VIA DELUNA DRIVE  
PENSACOLA FL 32561**

**10026134**



2. Principal Place of Business

**Ten Portofino Dr.**

3. Mailing Address

**Ten Portofino Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

**Pensacola Beach, FL**

City & State

**Pensacola Beach, FL**

4. FEI Number

**59-3741618**

Applied For

Not Applicable

Zip

Country

**32561**

Zip

Country

**32561**

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

**CAMPBELL, JAMES S**

**3 WEST GARDEN ST., STE. 700**

**PENSACOLA FL 32501**

Name

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

**501 Commendancia St.**

City

**Pensacola**

**FL**

Zip Code

**32501**

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 name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **LEVIN, ALLEN R**  
STREET ADDRESS **2200 VIA DE LUNA**  
CITY-ST-ZIP **PENSACOLA BEACH FL 32561**

TITLE **D** ☐ Delete  
NAME **RINKE, ROBERT L**  
STREET ADDRESS **2200 VIA DE LUNA**  
CITY-ST-ZIP **PENSACOLA BEACH FL 32561**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **Ten Portofino Dr.**  
CITY-ST-ZIP **Pensacola Beach, FL 32561**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **Ten Portofino Dr.**  
CITY-ST-ZIP **Pensacola Beach, FL 32561**

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

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CITY-ST-ZIP

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

(Signature and typed or printed name of signing officer or director)

**2/17/03**  
Date

**(850) 916-5050**  
Daytime Phone #

CR2E034 (10/02)