

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000000785

1. Entity Name

BEYMER & BOND, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90223 021 \*\*\*150.00

Principal Place of Business

Mailing Address

501 FAWN HILL PLACE  
SANFORD FL 32771

501 FAWN HILL PLACE  
SANFORD FL 32086-8300

2. Principal Place of Business

3. Mailing Address

8200 AIA South

8200 AIA South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#7

#7

City & State  
St. Augustine, FL

City & State  
St. Augustine, FL

4. FEI Number 65-0367868

Applied For

Not Applicable

Zip  
32086

Country  
USA

Zip  
32086

Country  
USA

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

BEYMER, RONALD  
501 FAWN HILL PLACE  
SANFORD FL 32771

Name **RONALD BEYMER**  
Street Address (P.O. Box Number is Not Acceptable)  
8200 AIA South Unit 7

St. Augustine

FL 32086

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 *Ron Beymer*  
Signature, typed or printed name of registered agent and title if applicable.

**RON BEYMER**

(NOTE: Registered Agent signature required when reinstating)

4-6-00

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	P BEYMER, RONALD 501 FAWN HILL PLACE SANFORD FL 32771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOND, CHARLENE 501 FAWN HILL PLACE SANFORD FL 32771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEYMER, GARY 501 FAWN HILL PLACE SANFORD FL 32771	<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
8200 AIA SOUTH #7 St. Augustine, FL 32086	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
8200 AIA South #7 St. Augustine, FL 32086	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
8200 AIA S. #7 St. Augustine, FL 32086	
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
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: *Ron Beymer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-00

Date

904-461-8485

Daytime Phone #

CR2E034 (9/99)