

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90047 040 \*\*\*150.00

**DOCUMENT #** P93000020370

**1. Entity Name**

EBB TIDE PROPERTIES, INC.

**Principal Place of Business** **Mailing Address**

300 BRINY AVENUE 300 BRINY AVENUE  
POMPANO BEACH, FL 33062 POMPANO BEACH, FL 33062

<b>2. Principal Place of Business</b> c/o DAVID G. MURRAY, P.A. Suite, Apt. #, etc. 321 SE 15 AVENUE City & State FT. LAUDERDALE, FL Zip 33301 Country U.S.		<b>3. Mailing Address</b> c/o DAVID G. MURRAY, P.A. Suite, Apt. #, etc. 321 SE 15 AVENUE City & State FT. LAUDERDALE, FL Zip 33301 Country U.S.	
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

**4. FEI Number** 65-0395916 **Applied For**  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

<b>6. Name and Address of Current Registered Agent</b> MURRAY, DAVID G., ESQ. 321 SE 15 AVENUE FT. LAUDERDALE, FL 33301	<b>7. Name and Address of New Registered Agent</b> 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** \_\_\_\_\_ (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, 2000, Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> D <b>NAME</b> PAUL KUHN <b>STREET ADDRESS</b> 300 BRINY AVENUE <b>CITY-ST-ZIP</b> POMPANO BEACH, FL 33062	<input type="checkbox"/> Delete	<b>TITLE</b> PRESIDENT, DIRECTOR & SECRETARY <b>NAME</b> PAUL KUHN <b>STREET ADDRESS</b> 321 SE 15 AVENUE <b>CITY-ST-ZIP</b> FT. LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VP <b>NAME</b> ANNELIESE KUHN <b>STREET ADDRESS</b> 300 BRINY AVENUE <b>CITY-ST-ZIP</b> POMPANO BEACH, FL 33062	<input type="checkbox"/> Delete	<b>TITLE</b> VP <b>NAME</b> ANNELIESE KUHN <b>STREET ADDRESS</b> 321 SE 15 AVENUE <b>CITY-ST-ZIP</b> FT. LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<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:** Paul Kuhn **PAUL KUHN** **04/06/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Paying Fee #