

MAR-12-2002 12:53 AM

FILED
Apr 07, 2002 8:00 am
Secretary of State

02-11-2002 90155 002 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000025727**

1. Entity Name

BEACH POINT ASSOCIATES, INC.

21253

Principal Place of Business Mailing Address
 125 BEACH ROAD 125 BEACH ROAD
 SARASOTA FL 34242 SARASOTA FL 34242



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0428545	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HESTER, GORDON 2514 DARWIN AVENUE SARASOTA FL 34239		Name: Ron Cherp Street Address (P.O. Box Number is Not Acceptable): 3859 Bee Ridge Rd #101 City: Sarasota FL Zip Code: 34233	

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]* DATE: 3/26/02

Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reappointing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$650.00 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	PSD FORAN, MICHAEL J. 125 BEACH RD. SARASOTA FL ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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)(l), 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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: _____ Daytime Phone #: _____

U.S. 2125302