

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000006464

1. Entity Name

BEACH & BOAT INVESTMENTS, INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90089 049 \*\*\*150.00

Principal Place of Business

Mailing Address

14848 OLD 41  
UNIT 6  
NAPLES FL 34110  
US

14848 OLD US 41  
UNIT 6  
NAPLES FL 34110  
US

2. Principal Place of Business

24916 FAIRWINDS LANE

3. Mailing Address

P.O. BOX 366458

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BONITA SPRINGS, FL

City & State

BONITA SPRINGS, FL

4. FEI Number

65-0468281

Applied For

Not Applicable

Zip

Country

34135 USA

Zip

Country

34136-6458 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

SCHWARTZ, BERNHARD  
14848 OLD US 41 UNIT 6  
NAPLES FL 34110

Name

BERNHARD SCHWARTZ

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

24916 FAIRWINDS LANE

City

BONITA SPRINGS

FL

Zip Code

34135

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

Schwartz, BERNHARD SCHWARTZ

3/20/00

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, 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 PSD  
NAME SCHREIBER, BERND  
STREET ADDRESS 14848 OLD 41, UNIT 6  
CITY-ST-ZIP NAPLES FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VTD  
NAME SCHREIBER, MICHAELA  
STREET ADDRESS 14848 OLD 41, UNIT 6  
CITY-ST-ZIP NAPLES FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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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)(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: B. SCHREIBER, PRES.

4/12/00

941 949 9093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)