

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000029197

1. Entity Name

BEACHES BOOKS ON TAPE, INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90240 035 \*\*\*150.00

Principal Place of Business

Mailing Address

3872 PONTE VEDRO CT.  
JACKSONVILLE BEACH FL 32250  
US

3872 PONTE VEDRO CT.  
JACKSONVILLE BEACH FL 32250-5800  
US

2. Principal Place of Business

3872 Ponte Vedra Ct.

3. Mailing Address

3872 Ponte Vedra Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3236865

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KENT, J. CLEVELAND  
3872 PONTE VEDRO CT.  
JACKSONVILLE BEACH FL 32250

Name

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

3872 Ponte Vedra Ct.

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 J. Cleveland Kent

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

J. Cleveland Kent

(NOTE: Registered Agent signature required when reinstating)

JAN. 4, 2000

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 ☐ Delete  
NAME KENT, JAMES C JR.  
STREET ADDRESS 3872 PONTE VEDRO CT.  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 3872 Ponte Vedra Ct.  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME KENT, J. CLEVELAND  
STREET ADDRESS 3872 PONTE VEDRA CT.  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

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

TITLE ☐ Delete  
NAME KENT, RITA S  
STREET ADDRESS 3872 PONTE VEDRA CT.  
CITY-ST-ZIP JACKSONVILLE FL 32250

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

TITLE ☐ Delete  
NAME GIBBONS, KELLY  
STREET ADDRESS 3872 PONTE VEDRO CT.  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

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

TITLE ☐ Delete  
NAME JUDSON, KENT  
STREET ADDRESS 3872 PONTE VEDRO CT.  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

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

TITLE ☐ Delete  
NAME KENT, JASON  
STREET ADDRESS 3872 PONTE VEDRA CT.  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

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

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:

J. Cleveland Kent  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 4, 2000  
Date Daytime Phone #

CR2E034 (9/99)