2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 28, 2000 8:00 am Secretary of State DOCUMENT # **P9400067530** 1. Entity Name BEACON RESORT MANAGEMENT, INC. 03-28-2000 90046 046 ***150.00 Principal Place of Business Mailing Address 1114 SANTA ROSA BLVD 1114 SANTA ROSA BLVD FT WALTON BEACH FL 32548 FT WALTON BEACH FL 32548-6199 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3269681 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GRIMSLEY, JAMES W Street Address (P.O. Box Number is Not Acceptable) 25 WALTER MARTIN RD NE FT WALTON BEACH FL 32548 Zip Code FL 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE CORSENTINO, CHARLES A NAME NAME STREET ADDRESS 1114 SANTA ROSA BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT WALTON BEACH FL 32548 ☐ Addition ☐ Change ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET-ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 impowered is execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if ther like empowered. changed, or on an attack

SIGNATURE

SSIGNING OFFICER OF DIRECTOR