

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000083496**

1. Entity Name

**B. CHANDLERS OF BEACH DRIVE, INC.****FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90069 003 \*\*\*150.00

Principal Place of Business

Mailing Address

**242 BCH DR NE**  
**ST. PETERSBURG FL 33701****242 BCH DR NE**  
**ST. PETERSBURG FL 33701-3414**

2. Principal Place of Business

3. Mailing Address

**Closed 3/31/00****1534 75th Circle NE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**St. Petersburg, FL 33702**

4. FEI Number

**59-3277446**

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

**ELSTON, PATRICIA A**  
**242 BEACH DR., N.E.**  
**ST. PETERSBURG FL 33701**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**1534 75th Circle, NE**City **St. Petersburg****FL**

Zip Code

**33702**

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

*Patricia A. Elston, President (address change only)***3/28/00**

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PT**  
**ELSTON, PATRICIA A.**  
**242 BEACH DRIVE, N.E.**  
**ST. PETERSBURG FL**TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1534 75th Circle, NE**  
**St. Petersburg, FL 33702**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VS**  
**CRESCENTINI, RONELYN K.**  
**503 PROCLAMATION DRIVE**  
**TAMPA FL**TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**33613**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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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:

*Patricia A. Elston***Patricia A. Elston****3/28/00****727/892-5502**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #