

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000087913

1. Entity Name

UMBRELLA BEACH, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90174 004 \*\*\*150.00

Principal Place of Business

Mailing Address

3651 CORTEZ ROAD WEST  
SUITE 300  
BRADENTON FL 34210

3651 CORTEZ ROAD WEST  
SUITE 300  
BRADENTON FL 34210-3106



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0546739

Applied For

Not Applicable

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

GRAVELY, JEFFREY D  
3651 CORTEZ ROAD WEST  
SUITE 300  
BRADENTON FL 34210

Name

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

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

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	VS	<input type="checkbox"/> Delete
NAME	GRAVELY, JEFFREY D	
STREET ADDRESS	3651 CORTEZ RD W 300	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	SUMMERS, STEVE E	
STREET ADDRESS	3651 CORTEZ RD W 300	
CITY-ST-ZIP	BRADENTON FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BUSKIRK, FRANK A	
STREET ADDRESS	3651 CORTEZ RD W 300	
CITY-ST-ZIP	BRADENTON FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	VALENTE, JAMES R	
STREET ADDRESS	3651 CORTEZ RD W 300	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Steve E. Summers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVE E. SUMMERS

4-14-00

Date

(941) 753-1616

Daytime Phone #

CR2E034 (9/99)