FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 07, 2001 8:00 am Secretary of State DOCUMENT # **P95000070769** BEACHTREE HOMES, INC. 05-07-2001 90025 031 ***150.00 Principal Place of Business Mailing Address 5815 CHARLTON WAY 5815 CHARLTON WAY NAPLES FL 34119 NAPLES FL 34119 HS 3. Mailing Address 2. Principal Place of Business 206 Jan mates 204 Skn Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0613773 Bonita [Dring] Bunita Not Applicable 34134 \$8.75 Additional 5. Certificate of Status Desired <u>3434</u> Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FELDMAN, ELIZABETH S Street Address (P.O. Box Number is Not Acceptable) 5815 CHARLTON WAY NAPLES FL 34119 Mateo 206 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** Mav Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Addition TITLE ☐ Delete TITLE NAME FELDMAN, ELIZABETH S SAN 204 STREET ADDRESS STREET ADDRESS 5815 CHARLTON WAY CITY-ST-ZIP CITY-ST-ZIP Bonita NAPLES FL 34119 ☐ Delete ☐ Addition TITLE TITLE NAME NAME FELDMAN, GABRIEL STREET ADDRESS STREET ADDRESS 5815 CHARLTON WAY CITY-ST-ZIP CITY-ST-ZIP Bonita NAPLES FL 34119 ☐ Addition TITLE ☐ Delete NAME NAME ___ =---STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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.