

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000082103

1. Entity Name

BEACHSIDE PHARMACEUTICALS, INC.

FILED

Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90087 044 ***150.00

Principal Place of Business

510 DOUGLAS AVE
STE 1001-29
ALTAMONTE SPGS FL 32714
US

Mailing Address

510 DOUGLAS AVE
STE 1001-29
ALTAMONTE SPGS FL 32714-2508
US

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

50-3351479

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BOETCHER, RANDY P
103 FAIRWAY DR.
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	BOETCHER, RANDY P	
STREET ADDRESS	103 FAIRWAY DR	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	P	<input type="checkbox"/> Delete
NAME	BOETCHER, KAREN M	
STREET ADDRESS	103 FAIRWAY DR.	
CITY-ST-ZIP	LONGWOOD FL 32779	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	BOETCHER, RANDY P	
STREET ADDRESS	103 FAIRWAY DR.	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	S/T SEC TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	BOETCHER, KAREN M	
STREET ADDRESS	103 FAIRWAY DR.	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	ARAB, GEORGE A.	
STREET ADDRESS	P.O. Box 102	
CITY-ST-ZIP	AROPKS, FL 32704	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/00 (407) 774-2250
Date Daytime Phone #