

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000015334

1. Entity Name

BEACH BOULEVARD DEVELOPMENT, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90064 028 ***150.00

Principal Place of Business

Mailing Address

11000 BEACH BOULEVARD
JACKSONVILLE FL 32246

11000 BEACH BOULEVARD
JACKSONVILLE FL 32246-3706

2. Principal Place of Business

3. Mailing Address

2804 ST. Johns Bluff Rds.

2804 ST. Johns Bluff Rds.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

59-3439535

Applied For

Not Applicable

Zip

Country

32246

U.S.A.

Zip

Country

32246

USA

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

BARON L. BARTLETT, P.A.
50 HWY A1A NORTH STE 103
PONTE VEDRA BEACH FL 32082

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 | D | <input type="checkbox"/> Delete |
| NAME | MANOCHERIAN, FRED | |
| STREET ADDRESS | 3 NEW YORK PLAZA | |
| CITY-ST-ZIP | NEW YORK NY 10004 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | MANSOURI, SAFA M | |
| STREET ADDRESS | 85 NICOLE LANE | |
| CITY-ST-ZIP | ATLANTIC BEACH FL 32233 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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| STREET ADDRESS | | |
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| 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

Date

Daytime Phone #

CR2E034 (9/99)