

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000019420

1. Entity Name

BEACH BUILDERS OF NORTHWEST FLORIDA, INC.

Principal Place of Business

135 E GULF BEACH DRIVE
ST GEORGE ISLAND FL 32328

Mailing Address

135 E GULF BEACH DRIVE
ST GEORGE ISLAND FL 32328-2810

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ANDERSON, DALE
135 E GULF BEACH DRIVE
ST GEORGE ISLAND FL 32328

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 ☐ Delete
NAME P
STREET ADDRESS ANDERSON, DALE
CITY-ST-ZIP 135 E GULF BEACH DRIVE
ST GEORGE ISLAND FL 32328

TITLE ☐ Delete
NAME VP
STREET ADDRESS MOSES, EDDIE JR.
CITY-ST-ZIP 135 E GULF BEACH DRIVE
ST GEORGE ISLAND FL 32328

TITLE ☐ Delete
NAME VP
STREET ADDRESS WILLIAMS, MOSES SR.
CITY-ST-ZIP 135 E GULF BEACH DRIVE
ST GEORGE ISLAND FL 32328

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
0000003143960-7
-02/23/00--01015--025
****300.00 ****150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME V.P.
STREET ADDRESS MOSES, EDDIE SR.
CITY-ST-ZIP 135 E GULF BEACH DR
ST. GEORGE ISLAND, FL 32328

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DALE ANDERSON

Date

Daytime Phone #

02-16-00

FILED

00 FEB 16 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3361004 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E034 (9/99)