

# 2001 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

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

4. FEI Number 59-3361004

Applied For  
Not Applicable

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

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]* (NOTE: Registered Agent signature required when reinstating)

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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	P	<input type="checkbox"/> Delete
NAME	ANDERSON, DALE	
STREET ADDRESS	135 E GULF BEACH DRIVE	
CITY-ST-ZIP	ST GEORGE ISLAND FL 32328	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MOSES, EDDIE JR.	
STREET ADDRESS	135 E GULF BEACH DRIVE	
CITY-ST-ZIP	ST GEORGE ISLAND FL 32328	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MOSES, EDDIE SR.	
STREET ADDRESS	135 E GULF BEACH DRIVE	
CITY-ST-ZIP	ST GEORGE ISLAND FL 32328	
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		<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	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNIS GAY	
STREET ADDRESS	135 E. GULF BEACH	
CITY-ST-ZIP	ST. GEORGE ISL FL 32328	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRIS SPAN	
STREET ADDRESS	135 E. GULF BEACH	
CITY-ST-ZIP	ST. GEORGE ISL FL 32328	
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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

FILED  
Sep 13, 2001 8:00 am  
Secretary of State

09-13-2001 90013 023 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

IV 6056010

CR2E034 (5/01)