

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90137 042 ***150.00

DOCUMENT # P97000031241

1. Entity Name
BEACHFRONT PROPERTIES OF BOCA GRANDE, INC.



Principal Place of Business
**307 EAST RAILROAD AVENUE.
BOCA GRANDE FL 33921
US**

Mailing Address
**P.O. BOX 1618
BOCA GRANDE FL 33921
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 **65-0745456**

Applied For

Not Applicable

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

**CONNER, KEUTH
9285 SAINT PAUL DRIVE
PORT CHARLOTTE FL 33981**

*Correction of spelling →
error, not a new
agent, same as last
year.*

Name **Kristin O'Connor**

Street Address (P.O. Box Number is Not Acceptable)
11570 Bridle Path Lane

City **Placida**

FL

Zip Code
33946

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Kristin O'Connor

Kristin O'Connor

1/9/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees -

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **ANDERSON, YVONNE M MRS**
STREET ADDRESS **16101 SUNSET PINES CIRCLE**
CITY-ST-ZIP **BOCA GRANDE FL 33921**

TITLE **T** ☐ Delete
NAME **O'CONNOR, KRISTINE A MRS**
STREET ADDRESS **9285 SAINT PAUL DRIVE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

TITLE **S** ☐ Delete
NAME **BUETTIN, WILLIAM MR**
STREET ADDRESS **5000 GASPARILLA ROAD, GM101**
CITY-ST-ZIP **BOCA GRANDE FL 33921**

TITLE **VP** ☐ Delete
NAME **WOOD, MAURICE B MR**
STREET ADDRESS **5000 GASPARILLA ROAD, BM314**
CITY-ST-ZIP **BOCA GRANDE FL 33921**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME **O'Connor, Kristin**
STREET ADDRESS **11570 Bridle Path Lane**
CITY-ST-ZIP **Placida, FL 33946**

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03

941-964-1618

Date

Daytime Phone #

CR2E034 (10/02)