

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000033374

1. Entity Name

HURRICANE BEACH & SURF, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90007 018 ***150.00

Principal Place of Business

1082 5TH AVE S
NAPLES FL 34102
US

Mailing Address

1082 5TH AVE S
NAPLES FL 34102-6414
US

2. Principal Place of Business

2055 9th STREET N.

3. Mailing Address

2055 9th STREET N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

59-3440819

Applied For

Not Applicable

Zip

34106

Country

COLLIER

Zip

34106

Country

COLLIER

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

LEVY, YOA V

43 MARCO VILLA DRIVE
MARCO ISLAND FL 34145

Name

LEVY RONY

Street Address (P.O. Box Number is Not Acceptable)

190 N COLLIER BLVD M-1

City

MARCO ISLAND

FL

Zip Code

34145

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	PSTD	<input type="checkbox"/> Delete
NAME	LEVY, YOA V	
STREET ADDRESS	43 MARCO VILLA DRIVE	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEVY, RONY	
STREET ADDRESS	190 N COLLIER BLVD	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
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		

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	
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STREET ADDRESS	
CITY-ST-ZIP	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/00

941-4357737

CR2E034 (9/99)