

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000037179

1. Entity Name

BEACHES CORNER, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90139 049 ***150.00

Principal Place of Business

Mailing Address

1 INDEPENDENT DR
STE 1600
JACKSONVILLE FL 32202
US

1 INDEPENDENT DR
SUITE 1600
JACKSONVILLE FL 32202-5009
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 **59-3445087**

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

WILLIAMS, L D
1 INDEPENDENT DR
SUITE 1600
JACKSONVILLE FL 32202

Name **Shields, David R.**
Street Address (P.O. Box Number is Not Acceptable)
1 Independent Drive
Suite 1600
City **Jacksonville** **FL** Zip Code **32202**

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

David R. Shields

April 4, 2000

(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 **DP** ☐ Delete
NAME **LOVETT, W.R. 11**
STREET ADDRESS **1 INDEPENDENT DR STE 1600**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

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

TITLE **DVS** ☒ Delete
NAME **KREIS, R.R.**
STREET ADDRESS **1 INDEPENDENT DR STE 1600**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

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

TITLE **DVT** ☒ Delete
NAME **WILLIAMS, L.D.**
STREET ADDRESS **1 INDEPENDENT DR STE 1600**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **DVT** ☐ Change ☒ Addition
NAME **David R. Shields**
STREET ADDRESS **1 Independent Drive, Suite 1600**
CITY-ST-ZIP **Jacksonville, Florida 32202**

TITLE **AS** ☐ Delete
NAME **JEANNINE, MELLO**
STREET ADDRESS **1 INDEPENDENT DR STE 1600**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **S** ☒ Change ☐ Addition
NAME **Mello, Jeannine**
STREET ADDRESS **1 Independent Drive, Suite 1600**
CITY-ST-ZIP **Jacksonville, FL 32202**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

David R. Shields, V-Pres

4/4/00

(904) 634-8808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)