

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90024 019 ***150.00

DOCUMENT # P97000041837

1. Entity Name

BEACHTREE REALTY, INC.

Principal Place of Business

Mailing Address

363 RUE DE CARAVELLE
NAPLES FL 34108
US

363 RUE DE CARAVELLE
NAPLES FL 34108
US

LUU47006



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5815 Charlton Way

5815 Charlton Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

59-3456774

Applied For

Not Applicable

Zip

34119

Country

U.S.

Zip

34119

Country

U.S.

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

FELDMAN, ELIZABETH S
363 RUE DE CARAVELLE
NAPLES FL 34108 19

Name

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

5815 Charlton Way

City

Naples, FL

FL

Zip Code

34119

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 **P** ☐ Delete
NAME **FELDMAN, ELIZABETH S**
STREET ADDRESS **363 RUE DE CARAVELLE**
CITY-ST-ZIP **NAPLES FL 34108 34119**

TITLE **P.** ☒ Change ☐ Addition
NAME **Elizabeth S. Feldman**
STREET ADDRESS **5815 Charlton Way**
CITY-ST-ZIP **Naples, FL. 34119**

TITLE **VP** ☐ Delete
NAME **FELDMAN, GABRIEL**
STREET ADDRESS **363 RUE DE CARAVELLE**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE **VP.** ☒ Change ☐ Addition
NAME **Gabriel Feldman**
STREET ADDRESS **5815 Charlton Way**
CITY-ST-ZIP **Naples, FL. 34119**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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 REQUIRED
Signature and typed or printed name of signing officer or director

Elizabeth S. Feldman, Pres.

Date

3/24/00

Daytime Phone #

941-592-6417