

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 27, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000093654**

1. Entity Name  
**BEACH FAMILY HOMES, INC.**

Principal Place of Business 270 S. NORTHLAKE BLVD., STE. 1004 ALTAMONTE SPRINGS FL 32701	Mailing Address P.O. BOX 162786 ALTAMONTE SPRINGS FL
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 162786 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State ALTAMONTE SPRINGS FL	4. FEI Number <b>59-3500013</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip 327162786	Country US	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required <input type="checkbox"/>
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**6. Name and Address of Current Registered Agent**

TUMBLESON J. DOYLE  
 150 S. PALMETTO AVE.  
 DAYTONA BEACH FL 32114 US

**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 \_\_\_\_\_ DATE **04/27/2000**  
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**

TITLE	D	<input type="checkbox"/> Delete
NAME	THEROUX DEBORAH A	
STREET ADDRESS	270 S. NORTHLAKE BLVD., STE. 1004	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNADLE MICHAEL	
STREET ADDRESS	270 S. NORTHLAKE BLVD., STE. 1004	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
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	<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: Deborah A. Theroux

D/VB 04/27/2000