

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096478

1. Entity Name

BEACH ZONE/DESTIN, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90098 024 ***150.00

Principal Place of Business

Mailing Address

631 ISLAND WAY
CLEARWATER FL 33767

631 ISLAND WAY
CLEARWATER FL 33767-1904

2. Principal Place of Business

32871 Emerald Coast Pkwy

3. Mailing Address

P.O. Box 5857

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Destin, FL 32541

City & State

Destin, FL 32540-5857

4. FEI Number

59-3493661

Applied For

Not Applicable

Zip

Country

32541

USA

Zip

Country

32540-5857

USA

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

KANTARAS, K. DEAN
901 N HERCULES AVE SUITE D
CLEARWATER FL 33765

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

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 DS ☐ Delete
NAME VALLIANATOS, ANDREW
STREET ADDRESS 631 ISLAND WAY
CITY-ST-ZIP CLEARWATER FL 33767

TITLE DS ☒ Change ☐ Addition
NAME Vallianatos, Andrew
STREET ADDRESS P.O. Box 5857
CITY-ST-ZIP Destin, FL 32540-5857

TITLE DT ☐ Delete
NAME VALLIANATOS, JOHN
STREET ADDRESS 631 ISLAND WAY
CITY-ST-ZIP CLEARWATER FL 33767

TITLE DT ☒ Change ☐ Addition
NAME Vallianatos, John
STREET ADDRESS P.O. Box 5857
CITY-ST-ZIP Destin, FL 32540-5857

TITLE DP ☐ Delete
NAME LUPER, ZVI
STREET ADDRESS 1511 RIDGE TOP WAY
CITY-ST-ZIP CLEARWATER FL 33765

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

TITLE DV ☐ Delete
NAME LUPER, HANAN
STREET ADDRESS 7278 SAWGRASS POINT DR
CITY-ST-ZIP PINELLAS PARK FL 33782

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

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)(l), 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 #

1-25-00 (80) P37-4500

CR2E034 (9/99)