

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074381

1. Entity Name

FINK & BERRY BEACH COTTAGES, INC.

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

03-21-2000 90051 012 ***150.00

Principal Place of Business

Mailing Address

2263 MAIN STREET
FORT MYERS FL 33901

2263 MAIN STREET
FORT MYERS FL 33901-2932

2. Principal Place of Business

2030 M^cGregor Blvd.

3. Mailing Address

2030 M^cGregor Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Myers FL

City & State

Ft. Myers, FL

Zip

33901

Country

USA

Zip

33901

Country

USA

4. FEI Number

65-0861486

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FINK, MICHAEL G
2263 MAIN STREET
FORT MYERS FL 33901

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

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 ☐ Delete
NAME FINK, MICHAEL G
STREET ADDRESS 1316 JAMBALANA LANE
CITY-ST-ZIP FORT MYERS FL 33901

TITLE D ☐ Delete
NAME BERRY, CLARK W
STREET ADDRESS 1028 WILSHIRE DRIVE
CITY-ST-ZIP FORT MYERS FL 33919

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME Fink, Michael G
STREET ADDRESS 3515 Avocado Dr.
CITY-ST-ZIP Ft. Myers, FL 33901

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)