

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State

05-30-2001 90034 012 ***150.00

A0072289

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P99000003959**

1. Entity Name:

BLUE MOUNTAIN BEACH PROPERTIES, INC.

Principal Place of Business

WAITON COUNTY

Mailing Address

**TAREY FRANKMAN -
 608 ADDISON DR - N.E
 ST. PETE, FL
 33716**

2. Principal Place of Business

WAITON COUNTY, FL

3. Mailing Address

SEE ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

593-55-7934

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**JOE HRVATIN
 C/O BMB PROPERTIES, INC
 14017 CASCADE LANE
 TAMPA, FL 33618**

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, 2001 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 ☐ Delete
 NAME **PRESIDENT**
 STREET ADDRESS **TAREY FRANKMAN**
 CITY-ST-ZIP **608 ADDISON DR - N.E
 ST. PETE, FL 33716**

TITLE ☐ Delete
 NAME **RICKY FUNCHESS**
 STREET ADDRESS **14017 CASCADE LANE**
 CITY-ST-ZIP **TAMPA, FL 33618**

TITLE ☐ Delete
 NAME ***ALL OTHER MEMBERS**
 STREET ADDRESS **ARE OK AS IS!**
 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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **ADDRESS CHANGE**
 STREET ADDRESS **← NEW ADDRESS LISTED**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **ADDRESS CHANGE**
 STREET ADDRESS **← NEW ADDRESS LISTED**
 CITY-ST-ZIP

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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 #

(813) 274-8107

CR2E034 (11/00)