## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000030968 Apr 24, 2000 8:00 am Secretary of State 1. Entity Name BEACHSIDE FINANCIAL SERVICES, INC. 04-24-2000 90054 031 \*\*\*150.00 Mailing Address Principal Place of Business 1010 OCEANSHORE BLVD 1010 OCEANSHORE BLVD ORMOND BEACH FL 32176-3613 ORMOND BEACH FL 32176 80072420 2. Principal Place of Business 3. Mailing Address 1454 Ocean Shore Blvd. <u>1454 Ocean Shore Blvd</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Ormond Beach, FL Not Applicable Ormond Beach, 59-3566557 Country Zio Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 32176 32176 Volusia Volusia 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Earl Sprague. SPRAGUE, EARL Street Address (P.O. Box Number is Not Acceptable) 1454 Ocean Shore Blvd. 1010 OCEANSHORE BLVD ORMOND BEACH FL 32176 Ormone/Beach egistered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing fts, 4/18/00 arl M. Sprague, Vice President Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change TITI F President Delete NAME NAME Kevin D. Irish STREET ADDRESS STREET ADDRESS 63 Wilcox Avenue CITY-ST-ZIP CITY-ST-ZIP 08882 <u>South River, NJ</u> ☐ Change TITLE TITLE ☐ Delete Earl M. Sprague NAME NAME STREET ADDRESS 2 Burrell Place STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Palm Coast, FL 32137 ☐ Delete TITLE TITLE NAME NAME Sandie O. Berman STREET ADDRESS STREET ADDRESS 14 Cedar Hollow Ct CITY-ST-ZIP CITY-ST-ZIP Palm Coast, FL 32137 Addition Change Defete TITLE TITLE S/T NAME NAME Carol A. Pritchett STREET ADDRESS STREET ADDRESS 35 Whitcock Lane CITY-ST-ZiP CITY-ST-ZIP Palm Coast, FL ☐ Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IB ☐ Change ☐ Addition TITLE TITLE NAME ----NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 econyer or trustee imported 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

4/18/00

Date

904-441-1941

Daytime Phone #