

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041372

1. Entity Name

THE BEACH REALTY ST. AUGUSTINE INC.

FILED

Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90138 009 ***150.00

Principal Place of Business

Mailing Address

804-D ANASTASIA BLVD.
ST. AUGUSTINE FL 32084

804-D ANASTASIA BLVD.
ST. AUGUSTINE FL 32084-4618

2. Principal Place of Business

3. Mailing Address

804-D ANASTASIA BLVD

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST. AUGUSTINE FL

4. FEI Number

59.3515607

Applied For

Not Applicable

Zip

Country

Zip

Country

32084

ST. JOHNS

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

HALL, CHARLES E
77 ALMERIA ST.
ST. AUGUSTINE FL 32084

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

N/A

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	DPVT	<input type="checkbox"/> Delete
NAME	ARMSTRONG, DARLENE J	
STREET ADDRESS	328 MONIKA PL	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	S	<input type="checkbox"/> Delete
NAME	ARMSTRONG, DARLENE J	
STREET ADDRESS	328 MONIKA PL	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE		<input type="checkbox"/> Delete
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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:

Darlene J. Armstrong
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DARLENE J. ARMSTRONG

April 09, 2000 9048246925
Date Daytime Phone #

CR02EN31 0/000