FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all

Feb 08, 2001 8:00 am DOCUMENT # **P99000084772 Secretary of State** BEACH MARINA, INC. 02-08-2001 90186 038 ***150.00 Principal Place of Business Mailing Address 655 PENSACOLA BEACH BLVD. 655 PENSACOLA BEACH BLVD. PENSACOLA BEACH FL 32561 PENSACOLA BEACH FL 32561 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3598540 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANDREWS, GERALD E JR. ... (P.O. Box Number-is Not Acceptable) 655 PENSACOLA BEACH BLVD. ensacola PENSACOLA BEACH FL 32561 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. President & Director TITLE TITLE ☐ Addition Delete NICHOLSON, CHARLES L Charles L. Nicholson NAME NAME 655 PENTACOIA BEACH BIND. STREET ADDRESS 1408 E. BELMONT STREET STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32501 CITY-ST-ZIP Ensacola Beach, FI SECRETARY & TREASURE 655 PENSACOLD BEACH BIUD. Delete TITLE ☐ Addition TITLE ANDREWS, GERALD E JR. NAME NAME JERRY JACOBS STREET ADDRESS 655 PENSACOLA BEACH BLVD. STREET ADDRESS CITY-ST-ZIP PENSACOLA BEACH FL 32561 CITY-ST-7IP nsicola Besch, FI. VILL PRESIDENT TITLE ☐ Change Addition TITLE ☐ Delete Robert Sebring NAME NAME STREET ADDRESS STREET ADDRESS Pensacola Beach CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE . Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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