

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110145

1. Entity Name

FLORIDA BEACH PROPERTIES, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90007 014 ***150.00

Principal Place of Business

Mailing Address

1460 BEACH AVENUE
ATLANTIC BEACH FL 32233

1460 BEACH AVENUE
ATLANTIC BEACH FL 32233

2. Principal Place of Business

409 THIRD AVE. NORTH

3. Mailing Address

P.O. BOX 51146

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE BEACH, FL

City & State

JACKSONVILLE BEACH, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip
32250

Country
USA

Zip
32240

Country
USA

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

C. GUY BOND, ESQUIRE
3010 SOUTH THIRD STREET
JACKSONVILLE BEACH FL 32250

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
LEAH H. HUDSON
P.O. BOX 50219
JACKSONVILLE BEACH, FL 32240 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
Cory W. HOLAWAY
509 RUTILE DRIVE
PONTE VEDRA BEACH, FL 32082 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

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

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 #

2-17-00 (904) 270-0600

CR2E034 (9/99)