

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S01886

1. Entity Name

BEACHCITY REALTY, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90114 012 ***150.00

Principal Place of Business

Mailing Address

144 CORAL VINE DRIVE
SUITE 157
NAPLES FL 34110
US

144 CORAL VINE DRIVE
SUITE 157
NAPLES FL 34110-5718
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0221979**

Applied For
Not Applicable

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

MOORE JR, JAMES B
2239 IMPERIAL GOLF COURSE BLVD
NAPLES FL 34110

deceased

Name

RONALD J. KAIN

Street Address (P.O. Box Number is Not Acceptable)

144 Coral Vine Dr

City

NAPLES FL

FL

Zip Code

34110

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
PTS
MOORE, JAMES B
2239 IMPERIAL GOLF COURSE BLVD.
NAPLES FL 34110

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
KAIN RONALD J
144 CORAL VINE DR
NAPLES FL 34110

☐ Delete

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STREET ADDRESS
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☐ Change ☐ Addition

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TITLE
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 another like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)