

# 2000 UNIFORM BUSINESS REPORT (UBR)

00572X

DOCUMENT # S04754

1. Entity Name

BEACH BUILDERS, INC.

FILED

00 FEB 16 PM 4:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

135 E. GULF BEACH DR.  
ST. GEORGE ISLAND FL 32328

Mailing Address

135 E. GULF BEACH DR.  
ST. GEORGE ISLAND FL 32328-2810

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3066779

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ANDERSON, DALE  
135 E. GULF BEACH DR.  
ST. GEORGE ISLAND FL 32328

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	P	<input type="checkbox"/> Delete
NAME	ANDERSON, DALE	
STREET ADDRESS	135 EAST GULF BEACH DR	
CITY-ST-ZIP	ST GEORGE ISLAND FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SPANN, CHRIS	
STREET ADDRESS	135 EAST GULF BEACH DR	
CITY-ST-ZIP	ST GEORGE ISLAND FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GAY, DENNIS	
STREET ADDRESS	135 E. GULF BEACH DR	
CITY-ST-ZIP	ST GEORGE ISLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MITCHELL WEBB	
STREET ADDRESS	135 E GULF BEACH DR	
CITY-ST-ZIP	ST. GEORGE ISLAND, FL 32328	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donnie Moses	
STREET ADDRESS	135 E GULF BEACH DR	
CITY-ST-ZIP	ST. GEORGE ISLAND, FL 32328	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DALE ANDERSON

Date

Daytime Phone #

02-16-00

CR2E034 (9/99)