

2000 UNIFORM BUSINESS REPORT (UBR)

4/4

FILED
May 15, 2000 8:00 am
Secretary of State

04-04-2000 90048 033 ***150.00

DOCUMENT # S22834

1. Entity Name

BEACHES COUNSELING, INC.

Principal Place of Business

Mailing Address

645 MAYPORT RD
STE #3B2
ATLANTIC BEACH FL 32233
US

645 MAYPORT RD
STE 3B2
ATLANTIC BEACH FL 32233-3491
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

59-3048096

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

KLEIN, LYNN
645 MAYPORT ROAD
STE #3B2
ATLANTIC BCH FL 32233

Name

Lynn L. Alligood

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

645 Mayport Rd. Suite 3 B

City

Atlantic Beach

FL

Zip Code

32233

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

Lynn Alligood, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/14/2000

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
D
ALLIGOOD, LYNN K
645 MAYPORT ROAD, #3B2
ATLANTIC BEACH FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LOWERY, C.C.
645 MAYPORT ROAD, #3B2
ATLANTIC BEACH FL

☐ Delete

TITLE
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☐ Change ☐ Addition

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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/2000
Date
904 249-5349
Daytime Phone #

CR2E034 (9/99)