

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 567460 (R)

1. Entity Name
Balboa Street Beach Club, Inc.

FILED
Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90010 009 ***150.00

Principal Place of Business

Mailing Address

40 Jeffrey Feinberg
4000 Hollywood Blvd. Ste 350
Hollywood FL 33021

40 Jeffrey Feinberg
4000 Hollywood Blvd Sui
Hollywood FL 33021-6101

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Feinberg, Jeffrey
4000 Hollywood Blvd.
Suite 350
Hollywood FL 33021

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

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

Samara Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-1-00

CR2E034 (9/99)

DOC # SG 7460

662469

TAMARA WILLIAMS
186 MARSH ISLAND DR
KIAWAH ISLAND, FL 29455

Request taken by: thampton
04-28-2000

The forms you recently requested from this office are:

(1) 201. COR Profit A/R

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

Per conversation with office, please waive
filing penalty. Form not received prior to May 1.
Thank you!