

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000000327

**Entity Name:** BEACHES HOSPITALITY NETWORK, INC.

**Current Principal Place of Business:**

C/O SCOTT SCHILBRACK  
3948 3RD ST S. #130  
JACKSONVILLE BCH, FL 32250

**Current Mailing Address:**

C/O SCOTT SCHILBRACK  
3948 3RD ST S. #130  
JACKSONVILLE BCH, FL 32250 US

**FEI Number:** 59-3358152

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HERMAN, CAROLYN ESQ.  
126 1ST ST S  
JACKSONVILLE BEACH, FL 32250 US

*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:** CAROLYN HERMAN

04/29/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SCHILBRACK, SCOTT  
Address        1849 BLUE HERON LANE  
City-State-Zip: JACKSONVILLE BCH FL 32250

Title            SECRETARY  
Name            CAMPBELL, ROBIN  
Address        134 MAGNOLIA STREET  
City-State-Zip: ATLANTIC BEACH FL 32233

Title            TREASURER  
Name            VERSEPUT, JOE  
Address        805 AMBERJACK LNE  
City-State-Zip: ATLANTIC BEACH FL 32233

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** SCOTT SCHILBRACK

PRESIDENT

04/29/2020

Electronic Signature of Signing Officer/Director Detail

Date