

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90064 008 ***150.00

DOCUMENT # P04535
 1. Entity Name
BEACH FAMILY CONDO, INC.

Principal Place of Business Mailing Address
503 N BROAD STREET 503 N BROAD STREET
PO BOX 1071 PO BOX 1071
THOMASVILLE GA 31799 THOMASVILLE GA 31799-1071
US US

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number **58-1588312** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ALLEN, M.H.
6213 THOMAS DRIVE
PANAMA CITY FL 32407

7. Name and Address of New Registered Agent
 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]* DATE **2-11-2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	V	<input checked="" type="checkbox"/> Delete
NAME	BALL, WILLIAM A.	
STREET ADDRESS	1701 MILLPOND RD.	
CITY-ST-ZIP	THOMASVILLE GA	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, CHARLIE E.	
STREET ADDRESS	920 N. DAWSON ST.	
CITY-ST-ZIP	THOMASVILLE GA	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ALLEN, MH	
STREET ADDRESS	114 PONY CIRCLE	
CITY-ST-ZIP	THOMASVILLE GA	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CASEY, JOHN C.	
STREET ADDRESS	714 N. DAWSON ST.	
CITY-ST-ZIP	THOMASVILLE GA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	M. H. ALLEN	
STREET ADDRESS	114 PONY CIRCLE	
CITY-ST-ZIP	THOMASVILLE, GA 31792	
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]* DATE: **2-11-2000** DAYTIME PHONE #: **912 224 0020**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)