

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 22, 2001 8:00 am**  
**Secretary of State**

02-22-2001 90004 048 \*\*\*150.00

**DOCUMENT # 134829**

1. Entity Name  
**ORLANDO ATLANTIC BEACH COMPANY**

Principal Place of Business <b>114 HARRISON STREET          P O BOX 250          COCOA FL 32923-7250</b>	Mailing Address <b>114 HARRISON STREET          P O BOX 250          COCOA FL 32923-7250</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-6076191</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SHEPARD, WALTER C JR          114 HARRISON STREET          COCOA FL 32922</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CROWE, ZORA M</b> <b>114 HARRISON STREET</b> <b>COCOA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SHEPARD, WALTER C.,JR.</b> <b>114 HARRISON STREET</b> <b>COCOA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>KELLAGHER, DEBORAH F</b> <b>114 HARRISON STREET</b> <b>COCOA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 officers empowered.

SIGNATURE: Walter C. Shepard 2/14/01 321-636-7711  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Walter C. Shepard, Jr.

CR2E034 (10/00)

attachment  
1348/29

**WALTER C. SHEPARD, JR.**

114 Harrison Street  
P.O. Drawer 250  
Cocoa, Florida 32923-0250

Telephone  
(407) 636-7711  
Fax (407) 636-7715

February 14, 2001

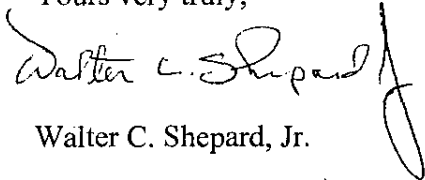
Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Re: Orlando Atlantic Beach Company  
FEIN59-6076191

Dear Sir:

Enclosed please find form 2001 Uniform Business Report, which we are filing for the referenced corporation. Also enclosed please find check #6948 in the amount of \$150.00 representing the filing fee.

Yours very truly,

  
Walter C. Shepard, Jr.

WCSJr/dfk

Enclosures