## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 24, 2000 8:00 am Secretary of State **DOCUMENT # 714060** 1. Entity Name OCEAN DRIVE MANOR, INC. 02-24-2000 90041 028 \*\*\*\*61 25 Principal Place of Business Mailing Address C/O CPM 590 OCEAN DRIVE 170 OCEAN LANE DR KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149-1460 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1288439 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CERTIFIED PROPERTY MANAGEMENT CORP 170 OCEAN LANE DR **KEY BISCAYNE FL 33149** Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. \*\* FILE NOW: -9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 TO THE STATE OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. VD: Silver Life TITI F Change ☐ Addition ☐ Delete TITLE SANCHEZ-MEDIO, MARLENE NAME STREET ADDRESS 590 OCEAN DRIVE #7-B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY BISCAYNE FL 33149 ■ Addition ☐ Delete TITLE Change SD TITLE NAME NAME SMITH, IVAN STREET ADDRESS 590 OCEAN DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP key biscayne fl ☐ Change Addition TITLE PD ☐ Delete NAME NAME LEE, RANDOLPH STREET ADDRESS STREET ADDRESS 590 OCEAN DR. CITY-ST-ZIP CITY-ST-ZIP KEY BISCAYNE FL Change ☐ Addition ☐ Delete TITLE TD TITLE NAME MINOR, STEVE STREET ADDRESS STREET ADDRESS 590 OCEAN DR CITY-ST-ZIP CITY-ST-ZIP KEY BISCAYNE FL 33149 David Maichack 🔼 Delete **万**1-Addition TITLE NAME 590 Ocean Dr #4-C NAME SOMMERS, WALTER STREET ADDRESS STREET ADDRESS 590 OCEAN DR. CITY-ST-ZIP CITY-ST-ZIP KEY\_BISCAYNE FL ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

changed, or on an attachment with an address, with all other like empowered