2000 UNIFORM BUSINESS REPORT (UBR)

1 FILED DOCUMENT # 717300 May 03, 2000 8:00 am 1. Entity Name Secretary of State OCEAN REEF CHAPEL, INC. 01-28-2000 90169 032 ****70.00 Principal Place of Business Mailing Address 32 OCEAN REEF DRIVE 32 OCEAN REEF DRIVE KEY LARGO FL 33037 KEY LARGO FL 33037-5222 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 23-7075036 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANTHONY CHEVINS Street Address (P.O. Box Number is Not Acceptable) GARDNER, JAMES 10 SOUTH ROAD 20 DOLPHIN LN OCEAN REEF CLUB **OCEAN REEF CLUB** City 33637 KEY LARGO KEY LARGO FL 33037 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) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. (66/6)DO Delete PRES 🔑 Addition Change TITLE TITLE **VPD** CHEVINS, ANTHONY NAME NAME CHEVINS, ANTHONY STREET ADDRESS STREET ADDRESS 10 SOUTH ROAD 10 SOUTH RD CITY-ST-ZIP CITY-ST-ZIP KEY LARGO, FL 33037 KEY LARGO FL 33037 Audition TITLE ☐ Change Defete VP.D TITLE TD NAME MARKS, ANTONIO, DR. NAME BATES, HENRY : STREET ADDRESS STREET ADDRESS 108 ANDROS RD 406 CARYSFORT ROAD CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 KEY-LARGO: FL-33037-Addition Oelete TITLE ☐ Change TITLE PD NAME GARDNER, JAMES STREET ADORESS STREET ADDRESS 20 DOLPHINE LANE CITY-ST-ZIP C5TY-ST-789 KEY LARGO FL 33037 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME SWENSON, JEANNIE STREET ADDRESS STREET ADDRESS 35 ISLAND DRIVE CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 TITLE Delete ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete 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.

305-367-

SIGNATURE:

RECANTHONY C. CHEVINS

1/23/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oate

Daytime Phone #