2002 UNIFORM BUSINESS REPORT (UBR)

Apr 03, 2002 8:00 am \$ Secretary of State **DOCUMENT # 717300** 1. Entity Name 04-03-2002 90188 014 ****70.00 OCEAN REEF CHAPEL, INC. Principal Place of Business Mailing Address 32 OCEAN REEF DRIVE 32 OCEAN REEF DRIVE KEY LARGO FL 33037 KEY LARGO FL 33037 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 23-7075036 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) CHEVINS, ANTHONY 10 S RD OCEAN REEF CLUB Zip Code City 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition TITLE PD ☐ Delete TITLE NAME ! NAME CHEVINS, ANTHONY STREET ADDRESS STREET ADDRESS 10 SOUTH RD CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 ☐ Change ☐ Addition ☐ Delete TITLE TITLE TD NAME NAME BATES, HENRY STREET ADDRESS STREET ADDRESS 108 ANDROS RD CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 Addition ☐ Change ☐ Delete TITLE MARKS, ANTONIO NAME NAME STREET ADDRESS STREET ADDRESS 406 CARYSFORT RD CITY-ST-7IP CITY-ST-ZIP KEY LARGO FL 33037 ☐ Change noitibbA Delete TITLE TITLE SWENSON, JEANNIE NAME NAME STREET ADDRESS STREET ADDRESS 35 ISLAND DRIVE CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE 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 of the corporation or the receiver of the corporation of the c

SIGNATURE:

of the corporation or the rec changed, or on an attachmen