

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2002 8:00 am**  
**Secretary of State**

07-28-2002 90204 046 \*\*\*\*61.25

**DOCUMENT # 729876**

1. Entity Name

**OCEANS THREE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**3043 SOUTH ATLANTIC AVENUE  
 DAYTONA BEACH SHORES FL 32118**

**3043 SOUTH ATLANTIC AVENUE  
 DAYTONA BEACH SHORES FL 32118**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1649524**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEBSTER, DANIEL J P.A.  
 347 SOUTH RIDGEWOOD AVENUE  
 DAYTONA BEACH FL 32114-4934**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
 min. will be \$236.25.**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BENZA, RAY</b>	
STREET ADDRESS	<b>3043 SOUTH ATLANTIC AVENUE #2204</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH SHORES FL 32118</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LAIT, ANGELA</b>	
STREET ADDRESS	<b>3043 SOUTH ATLANTIC AVENUE #204</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH SHORES FL 32118</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>DUNBAR, CAROLE</b>	
STREET ADDRESS	<b>3043 SOUTH ATLANTIC AVENUE #203</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH SHORES FL 32118</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>CARR, ANNE</b>	
STREET ADDRESS	<b>3043 SOUTH ATLANTIC AVENUE #1404</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH SHORES FL 32118</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DENTON, VIRGINIA</b>	
STREET ADDRESS	<b>3043 SOUTH ATLANTIC AVENUE #901</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH SHORES FL 32118</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CARRICK, RICK</b>	
STREET ADDRESS	<b>3043 SOUTH ATLANTIC AVENUE #1904</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH SHORES FL 32118</b>	

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jim Bushey</b>	
STREET ADDRESS	<b>3043 South Atlantic Ave # 204</b>	
CITY-ST-ZIP	<b>Daytona Beach Shores, FL 32118</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Rick Carrick</b>	
STREET ADDRESS	<b>3043 South Atlantic Ave # 1904</b>	
CITY-ST-ZIP	<b>Daytona Beach Shores, FL 32118</b>	
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	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Robert Naddra</b>	
STREET ADDRESS	<b>3043 South Atlantic Ave # 906</b>	
CITY-ST-ZIP	<b>Daytona Beach Shores, FL 32118</b>	

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.

SIGNATURE: **JIM BUSHEY** (Signature) **REQUIRE** (Stamp) **(386) 767-0782** (Phone Number)



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)