

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745977

1. Entity Name

MANAGEMENT CORPORATION OF OCEANVIEW, INC.

Principal Place of Business

Mailing Address

2160 N. A1A HIGHWAY
INDIALANTIC FL 32903

2160 N. A1A HIGHWAY
INDIALANTIC FL 32903

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

59-2125198

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

RIGANTO, TERRY
2160 N. A1A HIGHWAY
MELBOURNE FL 32903

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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

TITLE PD
NAME CARPELLI, LUCA JR.
STREET ADDRESS 2160 N. A1A HIGHWAY
CITY-ST-ZIP INDIALANTIC FL ☒ Delete

TITLE PD
NAME WHITMAN, ELIZABETH
STREET ADDRESS 2160 N. HWY. A1A
CITY-ST-ZIP INDIALANTIC FL 32903 ☐ Delete

TITLE VD
NAME RIGANTO, TERRY
STREET ADDRESS 2160 N HWY A1A
CITY-ST-ZIP INDIALANTIC FL 32903 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TSD
NAME JOHN DRUDY
STREET ADDRESS 2160 NO. HWY A1A
CITY-ST-ZIP INDIALANTIC FL 32903 ☐ Change ☒ Addition

TITLE D
NAME MARTHA RUSSO
STREET ADDRESS 420 SUNSET BOULEVARD
CITY-ST-ZIP MELBOURNE BEACH FL 32951 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/01

(321) 723-2700

Date

Daytime Phone #

0028851

CR2E037 (10/00)