

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90024 042 ****61.25

DOCUMENT # 747700

1. Entity Name

THE HEALTH AND TENNIS CLUB AT OCEAN REEF, INC.

Principal Place of Business

Mailing Address

**314 ANCHOR DRIVE
 KEY LARGO FL 33037
 US**

**314 ANCHOR DRIVE
 KEY LARGO FL 33037-5201
 US**

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

59-1918608

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KUCKER, FRED R
 ONE BISCAYNE TOWER SUITE 1740
 TWO SOUTH BISCAYNE BLVD
 MIAMI FL**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **TVP GRUNOW, JOHN III**
 STREET ADDRESS **OCEAN REEF CLUB**
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD COLLINS, RICHARD C**
 STREET ADDRESS **OCEAN REEF CLUB**
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **C MARKS, ANTONIO**
 STREET ADDRESS **OCEAN REEF CLUB**
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD SWENSON, PETER K**
 STREET ADDRESS **OCEAN REEF CLUB**
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D SYNOLSKI, KAREN**
 STREET ADDRESS **OCEAN REEF CLUB**
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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 altho other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Chae Ellis MANAGER 1-15-00 305-367-3201

CR2E037 (9/99)