

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753141

1. Entity Name

OCEAN REEF FISHERMAN'S COVE CONDOMINIUM ASSOCIAT

Principal Place of Business

31 OCEAN REEF DR
SUITE A-200
KEY LARGO FL 33037
US

Mailing Address

31 OCEAN REEF DR
SUITE A-200
KEY LARGO FL 33037-3733
US

2. Principal Place of Business

3 BARRACUDA LANE
Suite, Apt. #, etc.

3. Mailing Address

3 BARRACUDA LANE
Suite, Apt. #, etc.

City & State

Key Largo, FL
33037 USA

City & State

Key Largo, FL
33037 USA

4. FEI Number

59-2199233

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FEELEY, JOHN J
111 FOUNTAINBLEAU BLVD
MIAMI FL 33172

7. Name and Address of New Registered Agent

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	<input type="checkbox"/> Delete
NAME	FRESHLEY, RONALD DR	
STREET ADDRESS	31 OCEAN REEF DR, #A-200	
ST-ZIP	KEY LARGO F 33037	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LANDON, WILLIAM	
STREET ADDRESS	31 OCEAN DR, #A-200	
ST-ZIP	N. KEY LARGO FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRSCHNER, HENRY	
STREET ADDRESS	31 OCEAN REEF DR, #A-200	
ST-ZIP	N. KEY LARGO FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEPHART, BRENT	
STREET ADDRESS	31 OCEAN REEF DR, #A-200	
ST-ZIP	KEY LARGO FL 33037	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VINCUNAS, RAY	
STREET ADDRESS	31 OCEAN REEF DR, #A-200	
ST-ZIP	N. KEY LARGO FL 33037	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

TREAS. 3/27/2000 305-367-1090

Date

Daytime Phone #

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90053 001 ****61.25



DO NOT WRITE IN THIS SPACE