

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90183 022 ****61.25

DOCUMENT # 753919

1. Entity Name
THE REEF OCEAN RESORT ASSOCIATION, INC.

Principal Place of Business Mailing Address
3450 OCEAN DRIVE **3450 OCEAN DRIVE**
VERO BEACH FL 32963-1683 **VERO BEACH FL 32963-1683**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2106979** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LANDERS, JAMES
835 ROYAL PALM DRIVE
VERO BEACH FL 32960

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 *James Landers* DATE **4/27/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | P <input type="checkbox"/> Delete |
| NAME | LANDERS, JAMES |
| STREET ADDRESS | 835 ROYAL PALM DR |
| CITY-ST-ZIP | VERO BEACH FL 32960 |
| TITLE | VP <input type="checkbox"/> Delete |
| NAME | CROSBY, RAY |
| STREET ADDRESS | 3016 ATLANTIC BLVD |
| CITY-ST-ZIP | VERO BEACH FL 32960 |
| TITLE | D <input checked="" type="checkbox"/> Delete |
| NAME | BROSSARD, EVERETT |
| STREET ADDRESS | 62 WOODLAND #106 |
| CITY-ST-ZIP | VERO BEACH FL |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | RORICK, DOROTHY |
| STREET ADDRESS | 345 RIVERWAY DR |
| CITY-ST-ZIP | VERO BEACH FL 32963 |
| TITLE | S <input type="checkbox"/> Delete |
| NAME | BOGOSIAN, A.E |
| STREET ADDRESS | 2800 NORTH A1A APT 206 |
| CITY-ST-ZIP | FORT PIERCE FL 34949 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | THERIEN, RICHARD |
| STREET ADDRESS | 6601 110TH PLACE |
| CITY-ST-ZIP | SEBASTIAN FL 32958 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE | TRGS. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ERVIN ROBERTS |
| STREET ADDRESS | 1340 JONATHAN TRAIL |
| CITY-ST-ZIP | VERO BEACH FL 32963 |
| TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FRANK GALLINA |
| STREET ADDRESS | 1865 45th AVE |
| CITY-ST-ZIP | VERO BEACH FL 32966 |
| 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 | |

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 another like empowered.

SIGNATURE: *James Landers* SIGNATURE REQUIRED

4/27/01

CR2E037 (10/00)