

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759033

1. Entity Name

OCEAN HARBOUR SOUTH UTILITIES CORPORATION, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90023 012 ****61.25

Principal Place of Business

Mailing Address

4230 NORTH A1A
 FT. PIERCE FL 34949-8304

4230 NORTH A1A
 FT. PIERCE FL 34949-8304

2. Principal Place of Business

3. Mailing Address

Elliott Merrill Community Management

Suite, Apt. #, etc.

1105 12th St.

City & State

Vero Beach, FL 32960

Zip

Country

Zip

Country

4. FEI Number

59-2747359

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

THOMAS, JAMES
 4250 NO. A1A #501
 FT. PIERCE FL 34949

7. Name and Address of New Registered Agent

Name *Craig Merrill*

Street Address (P.O. Box Number is Not Acceptable)

Elliott Merrill Community Management

1105 12th St.

City *Vero Beach*

FL

Zip Code *32960*

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

Craig Merrill *Craig Merrill*

2/22/2000

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 | D | <input type="checkbox"/> Delete |
| NAME | SEITZ, CARL | |
| STREET ADDRESS | 4250 N A1A, UNIT 1008 | |
| CITY-ST-ZIP | FT PIERCE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BOHLMAN, PETER | |
| STREET ADDRESS | 4250 N A1A #206 | |
| CITY-ST-ZIP | FT PIERCE FL 34949 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | HUNT, IRVING "BUD" | |
| STREET ADDRESS | 4250 N A1A, #506 | |
| CITY-ST-ZIP | FT. PIERCE FL 34949 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | DISALVO, NICK | |
| STREET ADDRESS | 4200 NORTH A1A UNIT 910 | |
| CITY-ST-ZIP | FT PIERCE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | COOK, ROBERT | |
| STREET ADDRESS | 4250 N A1A #507 | |
| CITY-ST-ZIP | FT PIERCE FL 34949 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-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 | STD | <input checked="" 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 all other like empowered.

SIGNATURE: *Irving B. Hunt* (Irving B. Hunt) 2-22-00 (489-0209)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)