

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05866

1. Entity Name

THE OCEAN GALLERY VILLAGE DEL PRADO CONDOMINIUM

Principal Place of Business

4600 A1A SOUTH
ST. AUGUSTINE FL 32084

Mailing Address

4600 A1A SOUTH
ST. AUGUSTINE FL 32084-9478

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2537806**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GEIER, JOHN R
4475 US 1 SOUTH
406
ST. AUGUSTINE FL 32086

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 **D** ☐ Delete
NAME **CARR, PHILIP**
STREET ADDRESS **4600 HWY A12A, S, VDP 8-1**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE **TD** ☐ Delete
NAME **HACK, AL**
STREET ADDRESS **4600 A1A SOUTH VDP 8-7**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE **D** ☐ Delete
NAME **MACDONALD, JOE**
STREET ADDRESS **4600 HWY A1A S VDP 3-1**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE **VD** ☐ Delete
NAME **JOHNSTON, GEORGE**
STREET ADDRESS **4600 HWY A1A S., VDP 10-1**
CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE **SD** ☐ Delete
NAME **JOHNSON, CHARLES**
STREET ADDRESS **3297 TURTLE CRK RD**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE **PD** ☐ Delete
NAME **MCCORMACK, JOHN**
STREET ADDRESS **4600 A1A SOUTH VPD 3-4**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90465 001 ***306.25



DO NOT WRITE IN THIS SPACE

CR2F037 (9/99)