

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N33474**

1. Entity Name
Oceania Club, Inc.

FILED

00 JUN -1 PM 2:31

Principal Place of Business Mailing Address
16421 Collins Avenue **Same**
Miami Beach, Florida 33160

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0135255** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Gerald R. Pankow
16445 Collins Avenue
Miami Beach, Florida 33160

7. Name and Address of New Registered Agent
Name **CT Corporation System**
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
City **Plantation** FL ZIP Code **33524**

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 *Connie Bryan* **CONNIE BRYAN**
SPECIAL ASSISTANT SECRETARY DATE June 1, 2000
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 NAME STREET ADDRESS CITY-ST-ZIP	P,D Gerti Kleikamp 16445 Collins Avenue Miami Beach, Florida 33160 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T,S,D Gerald Pankow 16445 Collins Avenue Miami Beach, Florida 33160 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marcelle Daussy-Jones 16420 Collins Avenue Miami Beach, Florida 33160 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D Franz C. Ditterich 16445 Collins Avenue Miami Beach, FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,S,D Geert W. Flammersfeld 16445 Collins Avenue Miami Beach, Florida 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Flora C. Cresseda 16445 Collins Avenue Miami Beach, Florida 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3000033100 <input type="checkbox"/> Change <input type="checkbox"/> Addition -06/30/00--01014--012 *****70.00 *****70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Geert W. Flammersfeld* **Geert W. Flammersfeld, V.P.** 5/26/2000
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)