

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000376

1. Entity Name

OCEAN REEF BUSINESS COUNCIL, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90286 031 ****61.25

Principal Place of Business

Mailing Address

31 OCEAN REEF DR
A-203
KEY LARGO FL 33037
US

31 OCEAN REEF DR
A-203
KEY LARGO FL 33037-5281
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0383414

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLACK, JAN M
1500 SAN REMO AVE
SUITE 125
CORAL GABLES FL 33146

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DS ☐ Delete
NAME SUTHERLAND, KRISANN
STREET ADDRESS 100 ANCHOR DR #48
CITY-ST-ZIP KEY LARGO FL 33037

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SHUCKHART, ALMA
STREET ADDRESS MM 99.5 OVERSEAS HWY
CITY-ST-ZIP KEY LARGO FL 33036

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME VAN FLEET, JANE
STREET ADDRESS 105930 OVERSEAS HWY
CITY-ST-ZIP KEY LARGO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☐ Delete
NAME VASQUEZ, MARY, D
STREET ADDRESS 31 OCEAN REEF DR
CITY-ST-ZIP KEY LARGO FL 33037

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP ☐ Delete
NAME WADE, ROBERT
STREET ADDRESS 520 BRICKELL KEY DR
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KERSCHNER, CLAUDE
STREET ADDRESS 2 SERVICE LANE
CITY-ST-ZIP KEY LARGO FL 33037

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)