

2001-UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

0084440

05-14-2001 90045 028 ****61.25

DOCUMENT # N93000000376

1. Entity Name

OCEAN REEF BUSINESS COUNCIL, INC.

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
 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 NAME	DS SUTHERLAND, KRISANN	<input type="checkbox"/> Delete
STREET ADDRESS	100 ANCHOR DR #48	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE NAME	D SHUCKHART, ALMA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	MM 99.5 OVERSEAS HWY	
CITY-ST-ZIP	KEY LARGO FL 33038	
TITLE NAME	D VAN FLEET, JANE	<input type="checkbox"/> Delete
STREET ADDRESS	105930 OVERSEAS HWY	
CITY-ST-ZIP	KEY LARGO FL	
TITLE NAME	DT VASQUEZ, MARY, D	<input type="checkbox"/> Delete
STREET ADDRESS	31 OCEAN REEF DR	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE NAME	DP WADE, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	520 BRICKELL KEY DR	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE NAME	D KERSCHNER, CLAUDE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2 SERVICE LANE	
CITY-ST-ZIP	KEY LARGO FL 33037	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (10/00)

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: MARY D VASQUEZ MARY D VASQUEZ 4/10/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #