## Aug 21, 2003 8:00 am

**FILED** 

Secretary of State

08-21-2003 90106 027 \*\*\*\*61.25

## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N9300000376

1. Entity Name

OCEAN REEF CHAMBER OF COMMERCE, INC.

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Principal Place of Business Mailing Address 35 OCEAN REEF DR ) SUITS 35 OCEAN REEF DR KEY LARGO FL 33037 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0383414 Applied For Not Applicable Zip Country Country zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLACK, JAN M Street Address (P.O. Box Number is Not Acceptable) 1500 SAN REMO AVE SUITE 125 **CORAL GABLES FL 33146** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE' DATE 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 \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 10, 2003, min will be \$236.25 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. **X** Addition DS ☐ Change TITLE TITLE PRESIDENT NAME SUTHERLAND, KRISANN NAME GE5584 STREET ADDRESS STREET ADDRESS 100 ANCHOR DR #48 CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 Addition TITLE TITLE 🗷 Delete KERSHNER BARRACUDA LAN NAME VAN FLEET, JANE NAME STREET ADDRESS 105930 OVERSEAS HWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL Delete ☐ Change Addition DŤ TITI F TITLE BOBBIE WATSON VASQUEZ, MARY, D NAME NAME STREET ADDRESS STREET ADDRESS 31 OCEAN REEF DR ANDINGS. CITY-ST-ZIP CITY-ST-ZIP *3303<u>7</u>* KEY LARGO FL 33037 Addition DP TITLE TITLE Change WADE, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 520 BRICKELL KEY DR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 TITLE TITLE Change ☐ Addition ] Deleti NYARO, DOTTIE NAME NAME 35 OCEAN REEF DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP KEY LARGO FL 33037 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 eath; 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