

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**

03-30-2001 90318 048 \*\*\*150.00

**DOCUMENT # P94000026367**

1. Entity Name  
**OCEANFRONT REALTY AND COUNTRY CLUB ESTATES OF TH**

**639003**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 11911 U.S. HIGHWAY ONE SUITE 201 NORTH PALM BEACH FL 33408 US	Mailing Address 2580 LA CRISTAL DR. PALM BEACH GARDENS FL 33410
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2. Principal Place of Business <b>14041 D.S. Highway One</b> Suite, Apt. #, etc. <b>Suite H</b>	3. Mailing Address <b>13485 Miles Standish Port</b> Suite, Apt. #, etc.
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City & State <b>Juno Beach FL</b>	City & State <b>Palm Beach Gardens FL</b>	4. FEI Number <b>65-0479774</b>	Applied For Not Applicable
Zip <b>33408</b>	Country <b>PB</b>	Zip <b>33410</b>	Country <b>PB</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**TRUE, KRISTINE O**  
**2580 LA CRISTAL CIRCLE**  
**PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**13485 Miles Standish Port**

City **Palm Beach Gardens FL** Zip Code **33410**

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 **Kristine Olsen Truz** DATE **1-13-01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TRUE, KRISTINE O</b> <b>2580 LA CRISTAL CIRCLE</b> <b>PALM BEACH GARDENS FL 33410</b> <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
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>13485 Miles Standish Port</b> <b>Palm Beach Gardens FL 33410</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Kristine Olsen Truz** DATE **1-13-01** Daytime Phone # **561-625-4664**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0290029

CR2E034 (10/00)