

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 358209

1. Entity Name

6855 N OCEAN BOULEVARD INC

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90055 028 \*\*\*150.00

Principal Place of Business

Mailing Address

6855 N OCEAN BLVD  
OCEAN RIDGE FL 33435

6855 N OCEAN BLVD  
OCEAN RIDGE FLA 33435-3316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1316952**

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

FARR, MARY LOU  
6849 N OCEAN BLVD  
OCEAN RIDGE FL 33435

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 Mary Lou Farr  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **BARKER, GEORGE**  
STREET ADDRESS **6849 N. OCEAN BLVD**  
CITY-ST-ZIP **OCEAN RIDGE, FL 00000**

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

TITLE **S** ☐ Delete  
NAME **FARR, MARY LOU**  
STREET ADDRESS **6849 N. OCEAN BLVD.**  
CITY-ST-ZIP **OCEAN RIDGE, FL 00000**

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

TITLE **P** ☐ Delete  
NAME **NAYLOR, JOHN M**  
STREET ADDRESS **6849 N OCEAN BLVD**  
CITY-ST-ZIP **OCEAN RIDGE, FL 00000**

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

TITLE **DT** ☐ Delete  
NAME **WEMYSS, CHARLES**  
STREET ADDRESS **6849 N OCEAN BLVD**  
CITY-ST-ZIP **OCEAN RIDGE, FL 00000**

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

TITLE **D** ☐ Delete  
NAME **NIXON, M. E. MRS**  
STREET ADDRESS **6849 N COEAN BLVD**  
CITY-ST-ZIP **OCEAN RIDGE, FL 00000 33435**

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

TITLE **VD** ☐ Delete  
NAME **RAMSEY, LYLE**  
STREET ADDRESS **6849 N OCEAN BLVD**  
CITY-ST-ZIP **OCEAN RIDGE, FL 00000**

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

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: Mary Lou Farr  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2000  
Date

561-737-6770  
Daytime Phone #

CR2E034 (9/99)