

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 257961**

1. Entity Name

OCEAN BREEZE PARK INC**FILED**
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90009 007 ***150.00

Principal Place of Business 3000 INDIAN RIVER DR JENSEN BEACH FL 34957	Mailing Address 3000 INDIAN RIVER DR JENSEN BEACH FL 34957-7254
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AVU11044

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-0996174	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOKE, RUTH L 3000 INDIAN RIVER DR JENSEN BEACH FL 34957		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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

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 State10. 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	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TEAL, CATHIE H			NAME			
STREET ADDRESS	3000 INDIAN RIVER DRIVE			STREET ADDRESS			
CITY-ST-ZIP	JENSEN BEACH FL			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOKE, RUTH L			NAME			
STREET ADDRESS	3000 INDIAN RIVER DR			STREET ADDRESS			
CITY-ST-ZIP	JENSEN BEACH FL			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHICKY, SHARON			NAME			
STREET ADDRESS	3000 INDIAN RIVER DR			STREET ADDRESS			
CITY-ST-ZIP	JENSEN BEACH FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WRIGHT, DANITA			NAME			
STREET ADDRESS	815 COLORADO AVE			STREET ADDRESS			
CITY-ST-ZIP	STUART FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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:

Ruth L. Hoke, 1-18-00. 561-334-249.

Date

Daytime Phone #