

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-26-2000 90055 017 ***150.00

DOCUMENT # 339454

1. Entity Name
6823 CORPORATION

Principal Place of Business Mailing Address
6823 N OCEAN BLVD **6823 N OCEAN BLVD**
OCEAN RIDGE FL 33435 **OCEAN RIDGE FL 33435-3330**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1320328** Applied For
 Not Applicable

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
	State 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* **MARY LOU FARR** DATE **4/12/2000**

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, 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	SAT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARR, MARY LOU	NAME	
STREET ADDRESS	6849 N. OCEAN BLVD.	STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE, FL 00000	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAYTON, DONALD MRS	NAME	Tod. David
STREET ADDRESS	6849 N OCEAN BLVD	STREET ADDRESS	6849 N. Ocean Blvd
CITY-ST-ZIP	OCEAN RIDGE FL 33435	CITY-ST-ZIP	Ocean Ridge, FL 33435
TITLE	SAT <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARR, MARY LOU	NAME	
STREET ADDRESS	6849 N OCEAN BLVD	STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE, FL 00000	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERKINS, JOHN	NAME	
STREET ADDRESS	6849 N OCEAN BLVD	STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEERE, NORMAN	NAME	Cutting, Betty
STREET ADDRESS	6849 N. OCEAN BLVD.	STREET ADDRESS	6849 N. Ocean Blvd
CITY-ST-ZIP	OCEAN RIDGE FL	CITY-ST-ZIP	Ocean Ridge FL 33435
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Anfeldt, Koolia
STREET ADDRESS		STREET ADDRESS	6849 N. Ocean Blvd
CITY-ST-ZIP		CITY-ST-ZIP	Ocean Ridge, FL 33435

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* **MARY LOU FARR** DATE **4/12/2000** DAYTIME PHONE # **561-737-6770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)