

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 341137

1. Entity Name
OHC CORP.

Principal Place of Business Mailing Address
1690 S CONGRESS AVE. STE 200 1690 S CONGRESS AVE. STE 200
DELRAY BEACH FL 33445 DELRAY BEACH FL 33445

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

4. FEI Number 59-1642454 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIVINSKI, JOSEPH
1690 S CONGRESS AVE, STE 200
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name Pivinski, Joseph
C/O Oriole Homes Corp.
Street Address (P.O. Box Number is Not Acceptable)
1690 S Congress Avenue STE 200
City Delray Beach FL Zip Code 33445

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 _____ DATE _____
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 VT
NAME PIVINSKI, JOSEPH
STREET ADDRESS 1690 S CONGRESS AVE, 200
CITY-ST-ZIP DELRAY BEACH FL 33445 ☐ Delete

TITLE CD
NAME LEVY, RICHARD D
STREET ADDRESS 1690 S CONGRESS AVE, 200
CITY-ST-ZIP DELRAY BEACH FL ☐ Delete

TITLE PD
NAME LEVY, MARK A.
STREET ADDRESS 1690 S CONGRESS AVE, 200
CITY-ST-ZIP DELRAY BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: J. Pivinski J. Pivinski 3/26/2001 561-274-2000
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90369 029 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)