

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 385800

1. Entity Name

OCEAN RIDGE MANAGEMENT, INC.

Principal Place of Business

6849 N. OCEAN BLVD.  
OCEAN RIDGE FL 33435

Mailing Address

6849 N. OCEAN BLVD.  
OCEAN RIDGE FL 33435-3316

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

59-1361358

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/00

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 DP  
NAME NOLTE, HENRY  
STREET ADDRESS 6849 N. OCEAN BLVD.  
CITY-ST-ZIP OCEAN RIDGE FL ☐ Delete

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

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

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

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

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

TITLE D  
NAME SCOTT, ORLAND M  
STREET ADDRESS 6849 N OCEAN BLVD  
CITY-ST-ZIP OCEAN RIDGE, FL 00000 ☒ Delete

TITLE ☐ Change ☒ Addition  
NAME D  
NAME Lyne, Eugene  
STREET ADDRESS 6849 N. Ocean Blvd  
CITY-ST-ZIP Ocean Ridge, FL 33435

TITLE DV  
NAME STEERE, NORMAN  
STREET ADDRESS 6849 N OCEAN BLVD  
CITY-ST-ZIP OCEAN RIDGE, FL 00000 ☐ Delete

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

TITLE DT  
NAME GRABNER, GEORGE  
STREET ADDRESS 6849 N OCEAN BLVD  
CITY-ST-ZIP OCEAN RIDGE, FL 00000 ☐ Delete

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, Mary Lou Farr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/12/2000

Daytime Phone #

561-737-6970

CR2E034 (9/99)