

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90397 001 *1,350.00

0307588

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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

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

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, 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	DP	<input type="checkbox"/> Delete
NAME	NOLTE, HENRY	
STREET ADDRESS	6849 N. OCEAN BLVD.	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	FARR, MARY LOU	
STREET ADDRESS	6849 N. OCEAN BLVD.	
CITY-ST-ZIP	OCEAN RIDGE, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUDSON, GILBERT	
STREET ADDRESS	6849 N. OCEAN BLVD.	
CITY-ST-ZIP	OCEAN RIDGE, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	LYNE, EUGENE	
STREET ADDRESS	6849 N OCEAN BLVD	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	STEERE, NORMAN	
STREET ADDRESS	6849 N OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE, FL 00000	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	GRABNER, GEORGE	
STREET ADDRESS	6849 N OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE, FL 00000	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Grabner, George	
STREET ADDRESS	6849 N Ocean Blvd	
CITY-ST-ZIP	Ocean Ridge, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John McKinney	
STREET ADDRESS	6849 N Ocean Blvd	
CITY-ST-ZIP	Ocean Ridge, FL 33435	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY LOU FARR

4/14/01

Date

561-732-6770

Daytime Phone #

CR2E034 (10/00)