

**2003 FOR PROFIT CORPORATION
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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **GRABNER, GEORGE**
STREET ADDRESS **6849 N OCEAN BLVD**
CITY-ST-ZIP **OCEAN RIDGE FL 33435**

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

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

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

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

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

TITLE **D** ☐ Delete
NAME **LYNE, EUGENE**
STREET ADDRESS **6849 N OCEAN BLVD**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

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

TITLE **DV** ☐ Delete
NAME **MCKINNEY, JOHN**
STREET ADDRESS **6849 N OCEAN BLVD**
CITY-ST-ZIP **OCEAN RIDGE FL 33435**

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

TITLE **D** ☐ Delete
NAME **NOLTE, HENRY**
STREET ADDRESS **6849 N OCEAN BLVD**
CITY-ST-ZIP **OCEAN RIDGE FL 33435**

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

12. 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 10 or Block 11 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

Date

Daytime Phone #

7/22/03

561-737-6770



55052688

☐ CHECK HERE IF MAKING CHANGES

CR2E034 (4/03)

Attachment

OCEAN RIDGE MANAGEMENT, INC.

6849 NORTH OCEAN BOULEVARD
OCEAN RIDGE, FLORIDA 33435

55052488
#385800

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

July 25, 2003

Re; Docs. 265671, 284954, 297685, 328421,
336151, 339454, 358209, 385800

Gentlemen:

Please be advised that the enclosed Uniform Business Reports listed above were not received until July. We did not receive the original mailing. It is our habit to always file these reports in a timely manner. We, therefore, request that you waive the late filing fee.

Thank you for your immediate attention to this matter.

Very truly yours,

Mary Lou Farr

Mary Lou Farr
General Manager