## **2000 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, w

SIGNATURE AND TYPED

SIGNATURE:

## FILED Mar 08, 2000 8:00 am Secretary of State **DOCUMENT # 688602** 1. Entity Name OCEANS WEST, INC. 03-08-2000 90080 009 \*\*\*150.00 Principal Place of Business Mailing Address 4000 OLD DIXIE HIGHWAY 4000 OLD DIXIE HIGHWAY ORMOND BEACH FL 32174 ORMOND BEACH FL 32174-9262 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2160307 Not Applicable Zip Country Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TUMBLESON, J. DOYLE Street Address (P.O. Box Number is Not Acceptable) 50 SOUTH PALMETTO AVE. DAYTONA BEACH FL 32014 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Delete TITLE SDAddition JENSEN, ALFRED NAME NAME JAROSIK, THOMAS STREET ADDRESS STREET ADDRESS 4000 OLD DIXIE HIGHWAY 4000 OLD DIXIE HIGHWAY CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL 32174 ORMOND BEACH, FL 32174 VD **X**Change ☐ Addition TITLE ☐ Delete TITLE NAME COLLINS, ANN NAME RODGERS, ANN STREET ADDRESS 4000 OLD DIXIE HIGHWAY STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL 32174 Change TITLE Delete TITLE ☐ Addition UANINO, ANTHONY NAME STREET ADDRESS 4000 OLD DIXIE HIGHWAY STREET ADDRESS 3400 HALIFAX CLUB HOUSE DRIVE CITY-ST-ZIP CITY-ST-7IP ORMOND BEACH FL 32174 ORMOND BEACH\_ FL 32179 ☐ Delete TITLE ☐ Change Addition Addition TITLE D COLLINS, JOHN NAME NAME 4000 OLD DIXIE HIGHWAY STREET ADDRESS STREET ADDRESS ORMOND BEACH, FL32179 CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Daytime Phone #