

2001 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Feb 22, 2001 8:00 am
Secretary of State

01-26-2001 90014 011 ****61.25

DOCUMENT # 715811

1. Entity Name
OCEAN REEF YACHT CLUB, INC. ✓

Principal Place of Business Mailing Address

24 DOCKSIDE LANE **24 DOCKSIDE LANE**
PMB 417 **PMB 417**
KEY LARGO FL 33037 **KEY LARGO FL 33037**
US **US**

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 Applied For

51-0194511 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ELDEN, PHYLLIS
31 OCEAN REEF DR A-203
N KEY LARGO FL 33037

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: *Phyllis E Elden* *1/14/01*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	TS	<input type="checkbox"/> Delete
NAME	ELDEN, PHYLLIS	
STREET ADDRESS	31 OCEAN REEF DR A-203	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	SHUMWAY, JR. F	
STREET ADDRESS	58 TARPON LANE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	DAWSON, JAMES	
STREET ADDRESS	65 TARPON LANE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	C/D CLIFF NELSEN	<input type="checkbox"/> Delete
NAME	24 DOCKSIDE LANE, 417	
STREET ADDRESS	KEY LARGO, FL 33037	
CITY-ST-ZIP		
TITLE	V/C/D BOB STOCKER	<input type="checkbox"/> Delete
NAME	24 DOCKSIDE LANE, 417	
STREET ADDRESS	KEY LARGO, FL 33037	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: *Phyllis E Elden* *1/14/01* *305-367-9021*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)