2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2000 8:00 am Secretary of State DOCUMENT # 718143 1. Entity Name OCEAN CHATEAU OF VERO BEACH, INC. 05-15-2000 90237 027 ****61.25 Principal Place of Business Mailing Address 4049 OCEAN DR 4049 OCEAN DR VERO BCH FL 32963 VERO BCH FL 32963-5408 NUUJO724 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1320562 Not Applicable Zip Country Zip Country \$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 Street Address (P.O. Box Number is Not Acceptable) ALLAN JUDITH D 4049 OCEAN DRIVE VERO BEACH FL 32963 City Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to , FILE NOW: \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10 Change ☐ Addition TITLE ☐ Delete TITLE PETERSON, DENA NAME NAME STREET ADDRESS STREET ADDRESS 4049 OCEAN DR CITY-ST-ZIP CITY-ST-ZIP VERO_BEACH_FL Addition Delete ANDREW MCDOWELL Change TITLE TITLE DOWNS, JAMES NAME NAME 4049 OCEAN DR STREET ADDRESS STREET ADDRESS 4049 OCEAN DRIVE VERO BEACH, FL 32963 CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL Change Delete TITLE ☐ Addition TITLE NAME ALLAN, JUDITH D NAME STREET ADDRESS STREET ADDRESS 4049 OCEAN DR. CITY-ST-ZIP CITY-ST-ZIP VERO BCH, FL 00000 VD ☐ Delete TITLE Change Addition TITLE TINSEY, FRED NAME NAME STREET ADDRESS STREET ADDRESS 4049 OCEAN DR. CITY-ST-ZIP CITY-ST-ZIP VERO BCH, FL 00000 ☐ Delete TITLE T Change Addition TITLE VOGEL, ARTHUR P NAME NAME STREET ADDRESS STREET ADDRESS 4049 OCEAN DR. CITY-ST-ZIP CITY-ST-ZIP VERO BCH, FL 00000 TITLE ☐ Change Addition TITLE D ☐ Delete **REIMUS. JAN** NAME NAME STREET ADDRESS STREET ADDRESS 4049 OCEAN DRIVE CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 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:

| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Data | D