

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91727 024 ****61.25

DOCUMENT # 718143

1. Entity Name

OCEAN CHATEAU OF VERO BEACH, INC.

Principal Place of Business

Mailing Address

**4049 OCEAN DR
VERO BCH FL 32963**

**4049 OCEAN DR
VERO BCH FL 32963**

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

59-1320562

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

**ALLAN JUDITH D
4049 OCEAN DRIVE
VERO BEACH FL 32963**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **PETERSON, DENA**
STREET ADDRESS **4049 OCEAN DR**
CITY-ST-ZIP **VERO BEACH FL**

TITLE **D** ☐ Change ☐ Addition
NAME **DERKASH HELEN**
STREET ADDRESS **4049 OCEAN DR**
CITY-ST-ZIP **VERO BEACH, FL**

TITLE **SD** ☐ Delete
NAME **MCDOWELL, ANDREW**
STREET ADDRESS **4049 OCEAN DRIVE**
CITY-ST-ZIP **VERO BEACH FL 32963**

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

TITLE **PD** ☐ Delete
NAME **ALLAN, JUDITH D**
STREET ADDRESS **4049 OCEAN DR.**
CITY-ST-ZIP **VERO BCH, FL 00000**

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

TITLE **VD** ☐ Delete
NAME **TINSEY, FRED**
STREET ADDRESS **4049 OCEAN DR.**
CITY-ST-ZIP **VERO BCH, FL 00000**

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

TITLE **D** ☐ Delete
NAME **VOGEL, ARTHUR P**
STREET ADDRESS **4049 OCEAN DR.**
CITY-ST-ZIP **VERO BCH, FL 00000**

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

TITLE **D** ☐ Delete
NAME **REIMUS, JAN**
STREET ADDRESS **4049 OCEAN DRIVE**
CITY-ST-ZIP **VERO BEACH FL**

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 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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Residence Phone

CR2E037 (9/01)