

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733757

1. Entity Name

330 SOUTH OCEAN, INC.

Principal Place of Business

330 SOUTH OCEAN BLVD.
PALM BEACH FL 33480

Mailing Address:

330 SOUTH OCEAN BLVD.
PALM BEACH FL 33480-4214

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

59-1741534

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

QUINN, RONALD E.
4469 CORNICHE CIR
#17
W PALM BCH FL 33417

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 RONALD E. QUINN MANAGER

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 Func. 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
NAME DASILVA, WILLARD H
STREET ADDRESS 330 SOUTH OCEAN BLVD.
CITY-ST-ZIP PALM BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ST
NAME ~~VOGEL, JOAN~~
STREET ADDRESS ~~330 S. OCEAN BLVD~~
CITY-ST-ZIP ~~PALM BEACH FL~~

☐ Delete

TITLE ST
NAME SHOOR, BETTE
STREET ADDRESS 330 S. OCEAN BLVD.
CITY-ST-ZIP PALM BEACH, FL.

☐ Change ☐ Addition

TITLE P
NAME JAFFE, PAUL
STREET ADDRESS 330 S OCEAN BLVD
CITY-ST-ZIP PALM BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME COOLEY, DAVID D
STREET ADDRESS 330 S. OCEAN BLVD
CITY-ST-ZIP PALM BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP
NAME BANKS, JANICE
STREET ADDRESS 330 S OCEAN BLVD
CITY-ST-ZIP PALM BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 to this report, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90092 041 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)