2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # 735853** May 08, 2000 8:00 am 1. Entity Name Secretary of State OCEAN VILLAS I, INCORPORATED 05-08-2000 90032 025 \*\*\*\*61.25 Mailing Address Principal Place of Business 2400 SOUTH OCEAN DRIVE 2400 SOUTH OCEAN DRIVE OCEAN VILLAGE ON HUTCHINSON ISLAND OCEAN VILLAGE ON HUTCHINSON ISLAND FT. PIERCE FL 34949-8018 FT. PIERCE FL 34949 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1779031 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MAHER, GEORGE H. 2400 SOUTH OCEAN DRIVE FT. PIERCE FL 34949 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be 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. X Addition 🗷 Delete D TITLE ERIKSSON, AUSTIN NAME NAME Quain, Joan STREET ADDRESS STREET ADDRESS 2400 S. OCEAN DRIVE 2400 S. Ocean Dr. CITY-ST-218 CITY-ST-ZIP FT. PIERCE FL Ft. Pierce, FL 34949 Addition ☐ Change PD ☐ Delete TITLE TITLE Broughman, Marie B NAME STREET ADDRESS STREET ADDRESS 2400 S. OCEAN DRIVE CITY-ST-ZIP CITY-ST-ZIP FT. PIERCE FL 34949 Addition ☐ Change ☐ Delete TITLE TITLE ERIKSSON, AUSTIN NAME STREET ADDRESS STREET ADDRESS 2400 S. OCEAN DRIVE CITY-ST-ZIP CITY-ST-ZIP ft. Pierce fl Delete Change Addition TITLE FLANNERY, ANN NAME NAME STREET ADDRESS 2400 S OCEAN DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ft. Pierce fl ☐ Addition SD Change ☐ Delete TITLE TITLE Graap, Mary B NAME NAME

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

**Z** Delete

2400 S OCEAN DR

2400 S OCEAN DR

FREY. EDWIN

FT PIERCE FL

FT PIERCE FL 34949

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

MOEDMARIE BUTT BROUghmen 561-489-0300

☐ Change

☐ Addition