2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **745977** Feb 10, 2000 8:00 am 1. Entity Name **Secretary of State** MANAGEMENT CORPORATION OF OCEANVIEW, INC. 02-10-2000 90057 020 ****70.00 Mailing Address Principal Place of Business 2160 N. A1A HIGHWAY 2160 N. A1A HIGHWAY INDIALANTIC FL 32903-2559 INDIALANTIC FL 32903 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2125198 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7: Name and Address of New Registered Agent . . . 6. Name and Address of Current Registered Agent ANTO Street Address (P.O. Box Number is Not Acceptable CAPPELLI, LUCA JR. NWV 2160 N. A1A HIGHWAY **MELBOURNE FL 32903** 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition Delete TITI F TITLE NAME CAPPELLILUCA JR. NAME STREET ADDRESS DIBON. HWY STREET ADDRESS 2160 N. A1A HIGHWAY CITY-ST-ZIP CITY-ST-ZIP INDIALANTIC FL TITLE Delete TITLE NAME MARTINELLO, LORETTA NAME 2160 N. HWY STREET ADDRESS STREET ADDRESS 2160 N. A1A HIGHWAY CITY_ST-ZIP CITY-ST-ZIP INDIALANTIC: FL-- - -Addition ☐ Change Delete TITLE STD TITLE NAME CAPELLI, GINA NAME STREET ADDRESS STREET ADDRESS 2160 N. A1A HIGHWAY CITY-ST-ZIP CITY-ST-ZIP <u>INDIALANTIC</u> FL ☐ Addition TITLE ☐ Delete TITLE NAME NAME ゴロHN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.