

2001 UNIFORM BUSINESS REPORT (UBR)

4/5/01

FILED
May 05, 2001 8:00 am
Secretary of State

04-05-2001 90030 043 ****61.25

DOCUMENT # 747700

1. Entity Name

THE HEALTH AND TENNIS CLUB AT OCEAN REEF, INC.

Principal Place of Business

Mailing Address

314 ANCHOR DRIVE
 KEY LARGO FL 33037
 US

314 ANCHOR DRIVE
 KEY LARGO FL 33037
 US

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

59-1918608

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

KUCKER, FRED R
 ONE BISCAYNE TOWER SUITE 1740
 TWO SOUTH BISCAYNE BLVD
 MIAMI FL

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	TVP	<input checked="" type="checkbox"/> Delete
NAME	GRUNOW, JOHN III	
STREET ADDRESS	OCEAN REEF CLUB	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	President	<input type="checkbox"/> Delete
NAME	COLLINS, RICHARD C	
STREET ADDRESS	OCEAN REEF CLUB → 314 Anchor Dr	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	MARKS, ANTONIO	
STREET ADDRESS	OCEAN REEF CLUB	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	Chairman	<input type="checkbox"/> Delete
NAME	SWENSON, PETER K	
STREET ADDRESS	OCEAN REEF CLUB → 314 Anchor Dr	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SYNOLSKI, KAREN	
STREET ADDRESS	OCEAN REEF CLUB	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ellen Wells	
STREET ADDRESS	Ocean Reef Club → 314 Anchor Dr	
CITY-ST-ZIP	Key Largo FL 33037	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phyllis Osterqvist	
STREET ADDRESS	314 Anchor Dr. Key Largo FL 33037	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 I'm empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/00)