

UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State
 04-18-2003 90176 003 ****61.25

DOCUMENT # 753767

1. Entity Name
ORA AT MELBOURNE BEACH, INC.

Principal Place of Business 3000 SOUTH A1A P.O. BOX 51-0655 MELBOURNE BCH, FL 32951	Mailing Address 3000 SOUTH A1A P.O. BOX 51-0655 MELBOURNE BCH, FL 32951
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2. Principal Place of Business ORA at MELBOURNE BEACH Suite, Apt. #, etc. P.O. Box 510655 City & State MELBOURNE BEACH, FL Zip 32951 Country BREVARD	3. Mailing Address 210 GALAXY Ln. Suite, Apt. #, etc. PO BOX 510655 City & State MELBOURNE BEACH, FL Zip 32951 Country BREVARD
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CHECK HERE IF MAKING CHANGES

4. FEI Number 58-2023599	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

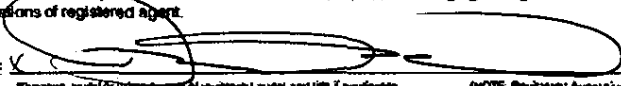
6. Name and Address of Current Registered Agent

WILDMAN, DAVID L
 25 W. NEW HAVEN AVENUE SUITE A
 MELBOURNE, FL 32901

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **04/08/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's Signature required when re-registering)

FILE NOW - FEES \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWEENEY, EVELYN 5473 S. WILLIAMSVILLE RD SHERMAN, IL 62684	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KORRIE, ANTHONY 4112 ONEIDA ST NEW HARTFORD, NY 13413	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLIGAN, ROBERT 109 LA COSTA #604 MELBOURNE BEACH, FL 32961	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VENICE, THOMAS 138 SUMERFIELD BLVD BOWLING GREEN, OH 43402	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALDRY, GARY 672 CEDAR PARK LN RRM1 ATHENS ONTARIO, CA KOE 180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLY, JAMES 173 RIVER RD TOPSHAW, ME 04088	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLES WILLIAMS 6216 INDIAN POINT DR. 1072 SAUGATUCK, MI 49453	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT USZACKI 756 MAIN STREET DUNKIRK, NY 14048	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOAN LIVIERI 576 PIER LN MELBOURNE BEACH, FL 32951	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUY EBERHART 1156 TAVARWAY PKWY CHARLOTTE, NC 28262	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RON HEBERT 604 HORIZON LN MELBOURNE BEACH, FL 32951	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 with an address, with all other like empowered.

SIGNATURE: **EVELYN F. SWEENEY, President** DATE: **4-07-03** 321-726-3963

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Evelyn F. Sweeney

