

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000217**

1. Entity Name

**OCEAN RIDGE, LTD.**

Principal Place of Business

**1550 N. ATLANTIC AVENUE  
COCOA BEACH FL 32931**

Mailing Address

**2000 HUNTINGTON BLDG  
925 EUCLID AVE  
CLEVELAND OH 44115-1408**

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

**31-1433075**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CHOTAS, ELIAS N  
800 N. MAGNOLIA AVENUE, SUITE 1500  
ORLANDO FL 32803**

7. Name and Address of New Registered Agent

Name **JERRY STEAKLEY**

Street Address (P.O. Box Number is Not Acceptable)  
**242 NORTH WESTMONTE DRIVE**

City **ALTAMONTE SPRINGS** **FL** Zip Code **32714**

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

9. Capital Contributions:  
as Shown on record

**845,068.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**115,000.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P94000036029**  
NAME **THE SOUTH BEACHES LAND CORP.**  
STREET ADDRESS **1550 N. ATLANTIC AVENUE**  
CITY - ST - ZIP **COCOA BEACH FL 32391**

DOCUMENT #  
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13. ADDRESS CHANGES ONLY

STREET ADDRESS **925 EUCLID AVE. SUITE 2000**  
CITY - ST - ZIP **CLEVELAND OH 44115-1496**

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**BY: THE SOUTH BEACHES LAND CORP., G.P.**

SIGNATURE: **KAREN A. P. ASSINK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**KAREN A. P. ASSINK**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 28 PM 12:06



DO NOT WRITE IN THIS SPACE

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**-05/26/00--01111--010**  
**\*\*\*\*526.25 \*\*\*\*526.25**

**3/14/2000** **216-696-4700**  
Date Daytime Phone #