

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000759**

1. Entity Name

OCEANSIDE ONE, LTD.

APPROVED
AND
FILED

00 MAR 29 AM 10: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

444 SEABREEZE BLVD., SUITE 900
DAYTONA BEACH FL 32118

Mailing Address

P.O. BOX 15200
DAYTONA BEACH FL 32115-5200

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

275 Riverside Drive

Ormond Beach, FL

32176

USA

4. FEI Number

59-3631533

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOOD, CHARLES D JR.

444 SEABREEZE BLVD., SUITE 900

DAYTONA BEACH FL 32118

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.

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.

\$2,500,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # P99000001505
NAME D & B OF DAYTONA, INC.
STREET ADDRESS 444 SEABREEZE BLVD., SUITE 900
CITY-ST-ZIP DAYTONA BEACH FL 32118

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

100003204171--6
-04/11/00--01110--018

STREET ADDRESS

CITY-ST-ZIP

***526.25 ***526.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

SIGNATURE:

Barbara M. Walked

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-20-00

Date

904-254-6875

Daytime Phone #

CR2E003 (9/99)