

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005169

1. Entity Name

OCSAP LTD. COMPANY

Principal Place of Business

RAILROAD AVE.
DEXTER ME 04930

Mailing Address

RAILROAD AVE.
DEXTER ME 04930

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

01-0484469

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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	LUNDER, PETER	
STREET ADDRESS	75 MAYFLOWER HILL DR.	
CITY-ST-ZIP	WATERVILLE ME 04901	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ALFOND, HAROLD	
STREET ADDRESS	TWO N. BREAKERS ROW	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ALFOND, THEODORE	
STREET ADDRESS	ONE CHESTNUT ST.	
CITY-ST-ZIP	WESTON MA 02193	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LAUZE, LAURIER	
STREET ADDRESS	RFD #2, SWAIN HILL ROAD	
CITY-ST-ZIP	SKOWHEGAN ME	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	EMORY, JOHN B	
STREET ADDRESS	DEERFIELD RD	
CITY-ST-ZIP	DEXTER ME 04930	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUFFETT, WARREN E	
STREET ADDRESS	5505 FARNAM ST.	
CITY-ST-ZIP	OMAHA NE	

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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lawrence J. ...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00
Date

207-924-7341
Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)