

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J23161

1. Entity Name

OCEAN OPRY, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90196 011 ***150.00

Principal Place of Business

8400 FRONT BCH RD
PANAMA CITY BEACH FL 32407
US

Mailing Address

8400 FRONT BCH RD
PANAMA CITY BEACH FL 32407-4827
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

59-2719139

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

HESS, GLENN L.
9108 FRONT BEACH RD
PANAMA CITY BEACH FL 32407

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	RADER, WAYNE	6209 N. LAGOON DR.	PANAMA CITY BCH FL	<input type="checkbox"/>
V	RADER, BILL	3640 COURTNEY	PANAMA CITY BCH. FL	<input type="checkbox"/>
V	RADER, DENNIS	3644 COURTNEY DRIVE	PANAMA CITY BCH. FL	<input type="checkbox"/>
TS	RADER, PATSY	6209 N.LAGOON DR.	PANAMA CITY BCH. FL	<input type="checkbox"/>
V	RADER, REBECCA	3640 COURTNEY DR	PANAMA CITY BCH. FL	<input type="checkbox"/>
V	RADER, CARLA	3644 COURTNEY DR.	PANAMA CITY BCH. FL	<input type="checkbox"/>

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

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:

Wayne M. Rader President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-27-00 (850 2345464)

Daytime Phone #

CR2E034 9/99