

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J47271

1. Entity Name

OCEANSIDE RE GROUP, INC..

**FILED**  
**Mar 10, 2000 8:00 am**  
**Secretary of State**

03-10-2000 90001 026 \*\*\*150.00

Principal Place of Business  
140 S ATLANTIC AVE  
SUITE 203  
ORMOND BEACH FL 32176  
US

Mailing Address  
140 S ATLANTIC AVE  
SUITE 203  
ORMOND BEACH FL 32176-1703  
US

00000440



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2766681

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

BURT, WALLACE J JR  
140 S ATLANTIC AVE.  
SUITE 203  
ORMOND BEACH FL 32074

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 CPD  
NAME BURT, WALLACE J.  
STREET ADDRESS 140 S ATLANTIC AVE.  
CITY-ST-ZIP ORMOND BEACH FL ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VTD  
NAME BURT, ALICE L.  
STREET ADDRESS 140 S ATLANTIC AVE.  
CITY-ST-ZIP ORMOND BEACH FL ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VSD  
NAME WOLFE, VIRGINIA L  
STREET ADDRESS 140 S ATLANTIC AVE.  
CITY-ST-ZIP ORMOND BEACH FL ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS  
NAME SMITH, CAROL H  
STREET ADDRESS 140 S ATLANTIC AVE.  
CITY-ST-ZIP ORMOND BEACH FL ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)