

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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DOCUMENT # L98000000610

1. Entity Name
OCEAN WALK MANAGEMENT COMPANY, L.C.

00 APR 29 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

410 NORTH HALIFAX AVE., SUITE D
DAYTONA BEACH FL 32118

Mailing Address

410 NORTH HALIFAX AVE., SUITE D
DAYTONA BEACH FL 32118-4084

2. Principal Place of Business

300 N. Atlantic Avenue

3. Mailing Address

335 Silver Beach Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

City & State

Daytona Beach, FL

MDM

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3514428

Applied For

Not Applicable

Zip

Country

32118

Zip

Country

32118

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEWART, CHARLES JR.

535 SILVER BEACH AVENUE
DAYTONA BEACH FL 32118

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.

DAYTONA BEACH FL 32118

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM ANDERSON, GEORGE D
STREET ADDRESS 410 NORTH HALIFAX AVE., SUITE D
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE NAME 59-3514428
STREET ADDRESS 300 N. Atlantic Avenue
CITY-ST-ZIP

TITLE NAME MGRM FINCKE, GERALD B
STREET ADDRESS 410 NORTH HALIFAX AVE., SUITE D
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE NAME
STREET ADDRESS 300 N. Atlantic Avenue
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
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TITLE NAME ANDERSON, GEORGE D
STREET ADDRESS 410 NORTH HALIFAX AVE., SUITE D
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *George D. Anderson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4.25.2000

CF-2EC83 (9/95)