

2000 UNIFORM BUSINESS REPORT (UBR)

00 MAY 19 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000001837

1. Entity Name
OCEANSHORE, L.L.C.

Principal Place of Business
1460 OCEAN SHORE BOULEVARD
ORMOND BEACH FL 32176

Mailing Address
P.O. BOX 1364
ORMOND BEACH FL 32175-1364

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

59-3603924

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

HILLMAN, ROBERT L
1460 OCEAN SHORE BOULEVARD
ORMOND BEACH FL 32176

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGR
HILLMAN, ROBERT L
STREET ADDRESS 1460 OCEAN SHORE BOULEVARD
CITY-ST-ZIP ORMOND BEACH FL 32176 ☐ Delete

TITLE NAME MGR
WILSON, TYREE F JR
STREET ADDRESS 1460 OCEAN SHORE BOULEVARD
CITY-ST-ZIP ORMOND BEACH FL 32176 ☐ Delete

TITLE NAME MGR
HEASTER, LEWIS M
STREET ADDRESS 140 SOUTH ATLANTIC AVENUE, SUITE 300
CITY-ST-ZIP ORMOND BEACH FL 32176 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
200003283922 ☐ Change ☐ Addition
-06/12/00--01006--011
*****50.00 *****50.00

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

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

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

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

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

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:

SIGNATURE REQUIRED
Robert L Hillman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4-25-00

Date

904-441-6286

Daytime Phone #

CP2E083 (9/99)