

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000718

1. Entity Name

OCEANFRONT CONDOMINIUM ASSOCIATION OF JACKSONVIL

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90268 033 ****61.25

0089949

Principal Place of Business

4347 10 UNIVERSITY BLVD. SOUTH
JACKSONVILLE FL 32216

Mailing Address

4347 10 UNIVERSITY BLVD. SOUTH
JACKSONVILLE FL 32216

2. Principal Place of Business

1 Sleiman Parkway

Suite, Apt. #, etc.

Suite 270

City & State

Jacksonville, Florida

Zip

32216

Country

U.S.A.

3. Mailing Address

1 Sleiman Parkway

Suite, Apt. #, etc.

Suite 270

City & State

Jacksonville, Florida

Zip

32216

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3484594

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEEKIN, ROBERT A

4347-4 UNIVERSITY BLVD. SOUTH

JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name

Heekin, Robert A.

Street Address (P.O. Box Number is Not Acceptable)

1 Sleiman Parkway, Suite 280

City

Jacksonville,

FL

Zip Code

32216

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SLEIMAN, ANTHONY T	
STREET ADDRESS	4347 10 UNIVERSITY BLVD. SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32216	

TITLE	D	<input type="checkbox"/> Delete
NAME	SLEIMAN, PETER D	
STREET ADDRESS	4347 10 UNIVERSITY BLVD. SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32216	

TITLE	D	<input type="checkbox"/> Delete
NAME	SLEIMAN, ELI T JR	
STREET ADDRESS	4347 10 UNIVERSITY BLVD. SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32216	

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sleiman, Anthony T.	
STREET ADDRESS	1 Sleiman Parkway, Suite 270	
CITY-ST-ZIP	Jacksonville, Florida 32216	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sleiman, Peter D.	
STREET ADDRESS	1 Sleiman Parkway, Suite 270	
CITY-ST-ZIP	Jacksonville, Florida 32216	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sleiman, Eli T., Jr.	
STREET ADDRESS	1 Sleiman Parkway, Suite 270	
CITY-ST-ZIP	Jacksonville, Florida 32216	

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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Anthony T. Sleiman

Date

4/15/01

Daytime Phone #

904-731-8800

CR2E037 (10/00)