

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

01-27-2002 90023 028 \*\*\*\*61.25

**DOCUMENT # N00000001092**

1. Entity Name

**OCEAN TERRACE OF JACKSONVILLE BEACH, INC.**

Principal Place of Business

Mailing Address

4040 WOODCOCK DR., SUITE 202  
 JACKSONVILLE FL 32207

4040 WOODCOCK DR., SUITE 202  
 JACKSONVILLE FL 32207

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

58-2636448

**APPLIED FOR**

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

**WHITEFIELD, B. THOMAS**  
**4040 WOODCOCK DR., SUITE 202**  
**JACKSONVILLE FL 32207**

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 \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  Delete  
 NAME **MOSTELLER, LES**  
 STREET ADDRESS **1107 S. FIRST ST., UNIT C**  
 CITY-ST-ZIP **JACKSONVILLE BCH FL 32250**

TITLE **D**  Change  Addition  
 NAME **Cason, James**  
 STREET ADDRESS **1107 S. First St., Unit E**  
 CITY-ST-ZIP **Jacksonville Beach, FL 32250**

TITLE **D**  Delete  
 NAME **FITTS, LAURA**  
 STREET ADDRESS **1107 S. FIRST ST., UNIT A**  
 CITY-ST-ZIP **JACKSONVILLE FL 32250**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **GOFF, CYNTHIA**  
 STREET ADDRESS **1107 S. FIRST ST., UNIT L**  
 CITY-ST-ZIP **JACKSONVILLE FL 32250**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/02

Date

904-396-6644

Daytime Phone #

CR2E037 (9/01)

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
ATLANTA GA 39901

DATE OF THIS NOTICE: 07-24-2001  
NUMBER OF THIS NOTICE: CP 575 F  
EMPLOYER IDENTIFICATION NUMBER: 58-2636448  
FORM: SS-4  
0716932706 0

58-2636448

*Attachment  
Doc # N0000  
00109*

*26108*

OCEAN TERRACE OF JACKSONVILLE BEACH  
% CYNTHIA C GOFF  
1626 CAMDEN AVE  
JACKSONVILLE FL 32207

FOR ASSISTANCE CALL US AT:  
1-800-829-1040

OR WRITE TO THE ADDRESS  
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)**

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 58-2636448. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

Please use the label IRS provided when filing tax documents. If that isn't possible, use your EIN and complete name and address shown below to identify your account and to avoid delays in processing.

OCEAN TERRACE OF JACKSONVILLE BEACH  
INC  
% CYNTHIA C GOFF  
1626 CAMDEN AVE  
JACKSONVILLE FL 32207

If this information isn't correct, please correct it using page 2 of this notice. Return it to the address shown so we can correct your account.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.