

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 06, 2003 8:00 am**  
**Secretary of State**

01-06-2003 90078 002 \*\*\*\*61.25

**DOCUMENT # N02000002022**

1. Entity Name  
**VINEYARD ON THE OCEAN INC.**



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

**31 SILVER SPRING DR  
KEY LARGO FL 33037**

Mailing Address

**31 SILVER SPRING DR  
KEY LARGO FL 33037**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**020578997**

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

**GILLMOR, RICHARD H  
31 SILVER SPRING DR  
KEY LARGO FL 33037**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **D GILLMOR, RICHARD H**  
STREET ADDRESS **31 SILVER SPRING DR**  
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE ☐ Delete  
NAME **D LAWES, STEVE**  
STREET ADDRESS **100 COUNTY ROAD**  
CITY-ST-ZIP **BIG PINE KEY FL 33043**

TITLE ☐ Delete  
NAME **D O'CONNOR, MICHAEL**  
STREET ADDRESS **1025 GIBRALTAR RD**  
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE ☐ Delete  
NAME **D CHEW, BILL**  
STREET ADDRESS **112 5TH PLACE**  
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE ☐ Delete  
NAME **D HARTLEY, LOUISE**  
STREET ADDRESS **1200 N LIBERTY AVE**  
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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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: *Richard H. Gillmor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-3-02 305 453 0816**

Date

Daytime Phone #

CR2E037 (10/02)