

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90015 023 ****61.25

DOCUMENT # N10455

1. Entity Name

OCEAN VIEW NURSING HOME AUXILIARY, INC.

Principal Place of Business

Mailing Address

2810 S ATLANTIC AVE
C/O ESTHER RAMSAY
NEW SMYRNA BEACH FL 32169-0446
US

2810 S ATLANTIC AVE
C/O ESTHER RAMSAY
NEW SMYRNA BEACH FL 32169-3446
US

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

59-2561536

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

RAMSAY, ESTHER
4151 S ATLANTIC AVE
APT 516
NEW SMYRNA BEACH FL 32169

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

TITLE **DP** ☐ Delete
NAME **RAMSAY, ESTHER**
STREET ADDRESS **4151 S ATLANTIC AVE 516**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE **DT** ☐ Delete
NAME **ARNOLD, GLORIA**
STREET ADDRESS **3824 SAXON DR**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE **DS** ☐ Delete
NAME **ABLE, BARBARA**
STREET ADDRESS **834 8TH AVE**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE **DV** ☐ Delete
NAME **BOOTH, MARY**
STREET ADDRESS **920 LOCUST ST**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **DV**
STREET ADDRESS **NEWELL, JANICE**
CITY-ST-ZIP **808 LOCUST ST.**
NEW SMYRNA BEACH FL.

TITLE ☐ Change ☐ Addition
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: Esther Ramsay

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/00

Date

(904) 428 3992

Daytime Phone #