

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10455

1. Entity Name

OCEAN VIEW NURSING HOME AUXILIARY, INC.

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90160 024 ****61.25

Principal Place of Business

Mailing Address

2610 S ATLANTIC AVE
C/O ESTHER RAMSAY
NEW SMYRNA BEACH FL 32169-0446
US

2610 S ATLANTIC AVE
C/O ESTHER RAMSAY
NEW SMYRNA BEACH FL 32169-0446
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2561536

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

7. Name and Address of New Registered Agent

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

Name

EILEEN HAYES

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

2817 TURNBULL ESTATES DRIVE

City

NEW SMYRNA BEACH

FL

Zip Code

32168

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

Eileen Hayes March 21-02

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

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

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

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

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

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

TITLE DV ☐ Delete
NAME JULIAN, BETTY
STREET ADDRESS 149 BREEZEWAY COURT
CITY-ST-ZIP NEW SMYRNA BEACH FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TREASURER ☐ Change ☒ Addition
NAME EILEEN HAYES
STREET ADDRESS 2817 TURNBULL ESTATES DR
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

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:

Eileen Hayes Treasurer

March 21, 02

CR2E037 (9/01)