

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000498

1. Entity Name

OCEAN REEF CLUB, INC.

Principal Place of Business

Mailing Address

31 OCEAN REEF DRIVE  
SUITE C-300  
KEY LARGO FL 33037

ATT: CORPORATE SECRETARY  
31 OCEAN REEF DRIVE, SUITE C-300  
KEY LARGO FL 33037-5263

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

65-0371142

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

LUBAN, KENNETH A  
31 OCEAN REEF DR.  
STE. #C-300  
KEY LARGO FL 33037

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MORGAN, ROBERT C<br>31 OCEAN REEF DRIVE, #C-300<br>KEY LARGO FL 33037 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GOLDSTEIN, ALAN J<br>31 OCEAN REEF DR.<br>KEY LARGO FL                | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>STAMPS, IV, E-ROE<br>31 OCEAN REEF DR., #C-300<br>KEY LARGO FL 33037 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>TRUCKENBROD, JAMES M<br>31 OCEAN REEF DR. #C-300<br>KEY LARGO FL      | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SVP<br>LUBAN, KENNETH A<br>31 OCEAN REEF DR., #C-300<br>KEY LARGO FL       | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>SILER, SCOTT<br>31 OCEAN REEF DRIVE #C-300<br>KEY LARGO FL 33037      | <input type="checkbox"/> Delete            |

|                                                |                   |                                                                              |
|------------------------------------------------|-------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | BERREY, ROBERT M. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

*Kenneth A Luban*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2000

(305) 367-5850  
Date Daytime Phone #

FILED  
Feb 01, 2000 8:00 am  
Secretary of State

02-01-2000 90002 047 \*\*\*\*61.25

B0005254



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)