

2000 UNIFORM BUSINESS REPORT (UBR)

1/3

DOCUMENT # N94000001740

1. Entity Name

OCEAN REEF CHAPEL FOUNDATION, INC.

Principal Place of Business

Mailing Address

32 OCEAN REEF DRIVE
KEY LARGO FL 33037
US

32 OCEAN REEF DRIVE
KEY LARGO FL 33037-5222
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

65-0486471

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

NOSTRO, LOUIS
201 S. BISCAYNE BLVD.
SUITE 1600
MIAMI FL 33131

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

Louis Nostro

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	VPD	☒ Delete
NAME	CHEVINS, ANTHONY	
STREET ADDRESS	10 SOUTH RD	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	TD	☐ Delete
NAME	BATES, HENRY	
STREET ADDRESS	108 ANDROS RD	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	PD	☒ Delete
NAME	GARDNER, JAMES	
STREET ADDRESS	19 DOLPHIN LN	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	SD	☐ Delete
NAME	SWENSON, JEANNIE	
STREET ADDRESS	35 ISLAND DRIVE	
CITY-ST-ZIP	KEY LARGO 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	PRES. D	☒ Change ☐ Addition
NAME	CHEVINS, ANTHONY	
STREET ADDRESS	10 SOUTH ROAD	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	VP D	☐ Change ☒ Addition
NAME	DR. ANTONIO MARKS	
STREET ADDRESS	406 CARYSFORT ROAD	
CITY-ST-ZIP	KEY LARGO, FL 33037	
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		

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:

ANTHONY CHEVINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 03, 2000 8:00 am
Secretary of State

01-31-2000 90019 030 ****70.00



DO NOT WRITE IN THIS SPACE