2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATU

FILED DOCUMENT # **N94000002762** Mar 08, 2000 8:00 am 1. Entity Name **Secretary of State** OOCEA FOUNDATION, INC. 03-08-2000 90028 015 ****61.25 Mailing Address Principal Place of Business 525 S. MAGNOLIA AVE. 525 S. MAGNOLIA AVE. ORLANDO FL 32801-3705 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3262247 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6.- Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS ST **SUITE 105** City Zip Code FL TALLAHASSEE FL 32301 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) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME RICH, A W STREET ADDRESS 525 S. MAGNOLIA AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE DT WORRALL, HAROLD W NAME STREET ADDRESS STREET ADDRESS 525 S. MAGNOLIA AVE. CITY-ST-ZIP CITY-ST-ZIF ORLANDO FL DVP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME LONG, INEZ NAME STREET ADDRESS STREET ADDRESS 525 S. MAGNOLIA AVE. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 4 Addition ☐ Change Delete TITLE TITLE NAME NAME BROWN, PHILLIP 25 South Magnola Avenue STREET ADDRESS STREET ADDRESS 201 S ORANGE AVE STE 720 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME PAULSON, ROBERT NAME STREET ADDRESS STREET ADDRESS 1560 ORANGE AVE STE 700 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME BARR, JACQUELINE NAME STREET ADDRESS STREET ADDRESS 525 S MAGNOLIA AVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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

Daytime Phone #