FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 02, 2001 8:00 am Secretary of State DOCUMENT # N94000004259 1. Entity Name 04-02-2001 90099 031 \*\*\*\*61.25 OCEAN REEF COMMUNITY FOUNDATION, INC. Principal Place of Business Mailing Address 24 DOCKSIDE LANE 31 OCEAN REEF DRIVE C0039520 SUITE A-301 #9B KEY LARGO FL 33037 KEY LARGO FL 33037 HS 2. Principal Place of Business 3. Mailing Address 200 Anchor Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0509255 Key Largo, Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33037 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namě Street Address (P.O. Box Number is Not Acceptable) NOSTRO, LOUIS 201 S. BISCAYNE BLVD. **SUITE 1600** Zip Code **MIAMI FL 33131** 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 it 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition TITI F TITLE ☐ Delete CD ARONOFF, GEORGE NAME NAME Aronoff, George STREET ADDRESS STREET ADDRESS 31 OCEAN REEF DRIVE, SUITE A-301 200 Anchor Drive CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL <u>Key Largo, FL 33037</u> TITLE ☐ Delete Change (Change Addition TITLE ۷Ď DAVIDSON, TOM NAME NAME Davidson, Tom STREET ADDRESS STREET ADDRESS 200 Anchor Drive 31 OCEAN REEF DRIVE, SUITE A-301 CITY-ST-ZIP-CITY-ST-ZIP KEY LARGO FL-<u>Key-Largo, FL 33037</u> Delete TITLE XX Change ☐ Addition pn TITLE Goldstein, Alan 200 Anchor Drive NAME GOLDSTEIN, ALAN NAME STREET ADDRESS STREET ADDRESS 31 OCEAN REEF DRIVE, SUITE A-301 CITY-ST-7IP CITY-ST-ZIP Key Largo, FL 33037 KEY LARGO FL TITLE Delete TITLE ☐ Change **XX**Addition NAME NAME Shirley Shipley 200 Anchor Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Key Largo, FL 33037 TITLE ☐ Delete TITLE ☐ Change ASSISTANT TREASURER Addition X X NAME David Ritz STREET ADDRESS STREET ADDRESS 200 Anchor Drive CITY-ST-ZIP CITY-ST-7IP Key Largo, FL 33037 ☐ Defete TITLE XX Addition ☐ Change NAME Shirley Taubensee STREET ADDRESS STREET ADDRESS 200 Anchor Drive CITY-ST-ZIP CITY-ST-ZIP Key Largo, FL 33037

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

03-21-01

(305) 367-3067 Davime Phone #