

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N 96000004607**

1. Entity Name  
**OCEAN REACH ASSOCIATION**

**FILED**  
**Jul 17, 2000 8:00 am**  
**Secretary of State**

07-17-2000 90001 001 \*\*\*\*61.25

Principal Place of Business  
**931 S. 1st Street**  
**Jacksonville Beach FL 32250**

Mailing Address  
**170 CLOISTER DR**  
**PEACHTREE CITY GA**  
**30269**

00068805

2. Principal Place of Business  
**931 S. 1st Street**

3. Mailing Address  
**170 CLOISTER DR.**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**JACKSONVILLE BEACH**

City & State  
**PEACHTREE CITY GA.**

4. FEI Number

Applied For  
Not Applicable

Zip  
**32250**

Country

Zip  
**30269**

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

**BOBBY YEAROUT**  
**931 S. 1st Street**  
**Jacksonville Beach FL 32250**

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

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

| 10. OFFICERS AND DIRECTORS                     |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---------------------------------|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <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"/> 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"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: **GEORGE A. MARTIN** **6/30/00** **202-268-2249**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)