

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004607

1. Entity Name

OCEAN REACH ASSOCIATION, INC.

Principal Place of Business

931 SOUTH FIRST ST
JACKSONVILLE BEACH FL 32250

Mailing Address

170 CLOISTER DRIVE
PEACHTREE CITY GA 30269

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2058791

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YEAROUT, BOBBY
931 SOUTH FIRST ST
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

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

TITLE PD
NAME PARADISE, BRIAN ☐ Delete
STREET ADDRESS 2831 WOOD VALLEY COURT
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE VD
NAME JACKSON, WILLIAM E ☐ Delete
STREET ADDRESS 16 GILMORE DRIVE
CITY-ST-ZIP GULF BREEZE FL 32561-4116

TITLE TD
NAME MARTIN, GEORGE A ☐ Delete
STREET ADDRESS 2894 DUPONT AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32217-2753

TITLE SD
NAME HANSON, DIANE ☐ Delete
STREET ADDRESS 931 SOUTH FIRST ST
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE D
NAME BONNER, BARBARA ☐ Delete
STREET ADDRESS 463 SELVA LAKES CIR
CITY-ST-ZIP ATLANTIC BCH FL 32233

TITLE D
NAME MARGARET STARLING ☐ Delete
STREET ADDRESS 470 W 63RD ST
CITY-ST-ZIP JACKSONVILLE FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90730 042 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)