

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90018 013 ***150.00

DOCUMENT # P00000026225

1. Entity Name
EIGHT SIXTY SOUTH OCEAN BOULEVARD, INC.

Principal Place of Business

Mailing Address

**426 SEASPRAY AVENUE
PALM BEACH FL 33480**

**426 SEASPRAY AVENUE
PALM BEACH FL 33480**

2. Principal Place of Business

3. Mailing Address

1107 N. Olive Ave.

1107 N. Olive Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip **33401**

Country

Zip **33401**

Country

4. FEI Number

65-0997658

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

**BYRD, WADE R
221 EL PUEBLO WAY
PALM BEACH FL 33480**

Name

Byrd, Wade R.

Street Address (P.O. Box Number is Not Acceptable)

555 Royal Palm Way

Ste. 409

City

Palm Beach

FL

Zip Code

33480

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/PT** ☐ Delete
NAME **ELIAS, WILLIAM D**
STREET ADDRESS **426 SEASPRAY AVENUE**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ Change ☐ Addition
NAME **1107 N. Olive Ave.**
STREET ADDRESS **W.P.B, FL 33401**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SYLVESTER, HARCOURT M JR.**
STREET ADDRESS **426 SEASPRAY AVENUE**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ Change ☐ Addition
NAME **1107 N. Olive Ave**
STREET ADDRESS **W.P.B, FL 33401**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **John McCoy**
STREET ADDRESS **1107 N. Olive Ave**
CITY-ST-ZIP **W.P.B, FL 33401**

TITLE ☐ Change ☐ Addition
NAME **D/VP.**
STREET ADDRESS **1107 N. Olive Ave**
CITY-ST-ZIP **W.P.B, FL 33401**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **DAWN ARAWOA**
CITY-ST-ZIP **1107 N. Olive Ave**
W.P.B, FL 33401

TITLE ☐ Change ☐ Addition
NAME **1107 N. Olive Ave**
STREET ADDRESS **W.P.B, FL 33401**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

655-9393

Daytime Phone #

CR2E034 (10/00)