## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P0000031417 OCEAN CLUB RESORT REALTY GROUP, INC. 04-26-2001 90289 002 \*\*\*150.00 Principal Place of Business Mailing Address 777 EAST PORT ROAD 777 EAST PORT ROAD RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-0994967 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MASTRIANA, F. RONALD Street Address (P.O. Box Number is Not Acceptable) 1500 N FEDERAL HIGHWAY SUITE 200 FT LAUDERDALE FL 33304 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Addition ☐ Change CR2E034 (10/00) ☐ Delete TITLE TITLE NAME NAME Quigley, Michael J., III STREET ADDRESS STREET ADDRESS 777 East Port Road CITY-ST-ZIP CHTY-ST-ZIP Riviera Beach, Florida 33404 X Addition TITLE ☐ Delete TITL€ D, P NAME NAME Govel, William W. STREET ADDRESS STREET ADDRESS 777 East Port Road CITY-ST-ZIP CITY-ST-ZIP Riviera Beach, Florida TITLE ☐ Delete TITLE D, S, T NAME NAME Murray, Francis X. STREET ADDRESS STREET ADDRESS 777 East Port Road CHTY-ST-ZIP CITY-ST-ZIP Riviera Beach, Florida TITLE ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

Francis X. Murray
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 16, 2001 561-845-2101

Daytime Phone #