

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

02-21-2002 90102 048 ***150.00

DOCUMENT # P01000027515

1. Entity Name

OCEAN PALMS OPERATING CORP.

Principal Place of Business

**2750 SE OCEAN BLVD
STUART FL 34996**

Mailing Address

**2750 SE OCEAN BLVD
STUART FL 34996**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

141515566

Applied For

Not Applicable

Zip

Country

Zip

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

KANE, JOHN**7300 OLEANDER AVE****PORT ST LUCIE FL 34952**

Name

Joseph Ficocello

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

7300 Oleander Ave

City

Port St. Lucie**FL**

Zip Code

32952

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.

Joseph FicocelloSIGNATURE **President**

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, 2002 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

TITLE **D** ☒ Delete
NAME **SMITH, MORTON**
STREET ADDRESS **6011 SE TOWER DRIVE**
CITY-ST-ZIP **STUART FL 34997**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition
NAME **Joseph Ficocello**
STREET ADDRESS **2750 S.E. Ocean Blvd.**
CITY-ST-ZIP **Stuart, Fla. 34996**

TITLE **S** ☐ Change ☒ Addition
NAME **Sue West**
STREET ADDRESS **2750 S.E. Ocean Blvd.**
CITY-ST-ZIP **Stuart, Fla. 34996**

TITLE **D** ☐ Change ☒ Addition
NAME **Scott H. Hoffman**
STREET ADDRESS **22 Holland Ave.**
CITY-ST-ZIP **Albany, New York 12209**

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

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:

Joseph Ficocello, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 2-6-02

CR2E034 (9/01)

Ret 3/15/02