

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000018256

1. Entity Name

OCEAN VILLAGE CLUB CONDOMINIUM RENTALS, INC.

**FILED**  
**Aug 29, 2001 8:00 am**  
**Secretary of State**

08-29-2001 90018 031 \*\*\*550.00

0609543

Principal Place of Business 4250 HIGHWAY A1A ST. AUGUSTINE FL 32084 32080	Mailing Address 4250 HIGHWAY A1A UNIT T-25 ST. AUGUSTINE FL 32084 32080
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00062220



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip 32080	Country U.S.

4. FEI Number 59-3170655	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

~~GEIB, SANDRA~~  
~~4250 A1A SOUTH~~  
~~ST. AUGUSTINE FL 32084~~  
~~32080~~

7. Name and Address of New Registered Agent

Name John R. Geiger, P. A.  
 Street Address (P.O. Box Number is Not Acceptable)  
 4475 U.S. 1 So. # 406  
 City St. Augustine FL Zip Code 32086

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 John R. Geiger (agent) 8/24/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) 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	
TITLE D NAME <del>KIRBY, MARIE</del> STREET ADDRESS 4250 A1A SOUTH #P23 CITY-ST-ZIP ST. AUGUSTINE FL	<input checked="" type="checkbox"/> Delete
TITLE PD NAME <del>BAILEY, ROSE MARIE</del> STREET ADDRESS 4250 A1A SOUTH #021 OK CITY-ST-ZIP ST. AUGUSTINE FL	<input checked="" type="checkbox"/> Delete
TITLE TD NAME <del>BOSSelman, HENRY R</del> STREET ADDRESS 4250 A1A SOUTH #125 CITY-ST-ZIP ST. AUGUSTINE FL	<input checked="" type="checkbox"/> Delete
TITLE VPD NAME <del>KAKASCIK, JOHN</del> STREET ADDRESS 4250 A1A SOUTH D-35 CITY-ST-ZIP ST. AUGUSTINE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME Terry Mitchell STREET ADDRESS 4250 A1A SOUTH CITY-ST-ZIP St. Augustine, FL 32080	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: John R. Geiger 8/24/2001 904-794-2244  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)