2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State
08-29-2001 90018 031 ***550.00

060943

DOCUMENT # P93000018256

1. Entity Name
OCEAN VILLAGE CLUB CONDOMINIUM RENTALS, INC.

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

00062220

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-3170655 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~KIRBY, MARIE~~ ~~4250 ALA SOUTH #P23~~ ~~ST AUGUSTINE FL~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Terry Mitchell President 4250 A1A South St. Augustine, FL 32080 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ ~~BAILEY, ROSE MARIE~~ ~~4250 A1A SOUTH #021~~ OK ~~ST. AUGUSTINE FL~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~☒ Change~~ ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TD~~ ~~BOSSELMAN, HENRY R~~ ~~4250 A1A SOUTH #125~~ ~~ST. AUGUSTINE FL~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VPD~~ ~~KAKASCIK, JOHN~~ ~~4250 A1A SOUTH D-35~~ ~~ST. AUGUSTINE FL~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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 #