

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000035959

1. Entity Name

THE O.P.M. HOLDING COMPANY

Principal Place of Business

Mailing Address

800 S HARBOR CITY BLVD
MELBOURNE FL 32901

800 S HARBOR CITY BLVD
MELBOURNE FL 32901-1907

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3185207

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

16. Name and Address of Current Registered Agent

FALLACE, JAMES H
1900 S HICKORY STREET
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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, 2000 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 PD
NAME RATHMONN, JAMES T
STREET ADDRESS 3900 RIVERSIDE DR
CITY-ST-ZIP INDIAN LANTIC FL ☐ Delete

TITLE VOTS
NAME SANDLER, GLENN S
STREET ADDRESS 509 CARRIAGE RD
CITY-ST-ZIP INDIAN HARBOR BCH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME RATHMONN, James T
STREET ADDRESS 6855 S. Tropical Trail
CITY-ST-ZIP Merritt Island, FL 32952 ☒ Change ☐ Addition

TITLE VOTS
NAME Sandler, Glenn S
STREET ADDRESS 208 Waterbury Lane
CITY-ST-ZIP Indian Harbor Bch FL 32937 ☒ Change ☐ Addition

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90106 010 ***150.00

911541



DO NOT WRITE IN THIS SPACE

1-26-00

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