## 150.00

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

P94000024797

1. Entity Name

OCEAN REEF CLUB RENTAL PROPERTIES, INC.



FILLLY LUNE IARY OF 'S TATE ISION OF CORPORATIONS

03 JAH 17 PM 4:43

Principal Place of Business 35 OCEAN REEF DRIVE SUITE 200 KEY LARGO FL 33037 US 2. Principal Place of Business				Mailing Address 35 OCEAN REEF DRIVE SUITE 200 KEY LARGO FL 33037 US 3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State				FEI Number 65-0481714	4	<del>    '</del>	plied For t Applicable	
Zip		Country	Zip		Countr	y 	5.	Certificate of Status, Desired	\$	8.75 Add	itional	
	6. Name	and Address of Current F	legistere	ed Agent			7.	Name and Address of New		•	-	
		<del></del>	-			Name						
Luban, Kenneth a				<u></u>			Street Address (P.O. Box Number is Not Acceptable)					
35 OCEAN REEF DRIVE				Giresi / Maio				BOX (TURBS) IS THOU PROSECUE				
SUITE 200												
KEY LARGO FL 33037					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. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
After	May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of	State				Election Campaign F     Trust Fund Contributi	~ ~		<b>0</b> May Be to Fees		
10.		OFFICERS AND D	IRECTO	RS	11.		Αl	DDITIONS/CHANGES TO OF	FICERS AND D	IRECTORS	S IN 11	
TITLE	VD			, Delete	TITLE					Change	Addition	
NAME	ASTBURY, PAUL M.G.			NAMI				02/18/02015	15987	'98		
STREET ADDRESS CITY-ST-ZIP	35 OCEAN REEF DRIVE SUITE 200 KEY LARGO FL 33037					FADDRESS ST-ZIP		800012698798 02/18/0301044017 **350.				
TITLE	Р			☐ Delete	TITLE		•			Change	Addition	
NAME		i, kathleen a			NAME							
STREET ADDRESS	35 OCEAN REEF DRIVE SUITE 200 KEY LARGO FL 33037											
CITY-ST-ZIP	_	U FL 3303/	<del></del>		_CITY_S	1-21				7.0		
TITLE NAME	VPT ANDERSO	N, SUZANNE C		☐ Delete	TITLE NAME			_	Ĺ	Change	☐ Addition	
STREET ADDRESS		REEF DRIVE SUITE 20	D			ADDRESS		$n_{\alpha}$				
CITY-ST-ZIP	KEY LARG	O FL 33037			CITY-S	ST-ZIP		// \		,		
TITLE	VPS			☐ Delete	TITLE					Change	Addition	
NAME	LUBAN, KI		_		NAME			,				
STREET ADDRESS CITY-ST-ZIP		reef drive suite 20: 0 FL 33037	U		STREET CITY-S	ADDRESS						
	NET LANG	U FL 33031			-	)1-ZIF				7 0	F71 4-4-200	
TITLE NAME				☐ Delete	TITLE NAME	f			Ļ	] Change	Addition	
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP					CITY-S							
TITLE				☐ Delete	TITLE					Change	Addition	
NAME					NAME							
STREET ADDRESS				•		ADDRESS						
CITY-ST-ZIP	1 1				CITY-S	11-ZIP			14 11 11			

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 supply fiental 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 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE:

BEKENNETH A. LUBAN

1/12/03

Date

305-367-5850

Daytime Phone #