

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90007 046 ***150.00

DOCUMENT # P94000079003

1. Entity Name

OCEAN CLUB DEVELOPMENT COMPANY

Principal Place of Business

Mailing Address

169 MIRACLE MILE
 SUITE 200
 CORAL GABLES FL 33134

169 MIRACLE MILE
 SUITE 200
 CORAL GABLES FL 33134-5412

000454



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0538781

Applied For
 Not

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

HINSON, JOHN A
169 MIRACLE MILE
SUITE 200
CORAL GABLES FL 33134

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DCV	<input type="checkbox"/> Delete
NAME	TEMPLE, JOHN W.	
STREET ADDRESS	2300 NW CORPORATE BLVD., SUITE 238	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MOSES, THOMAS	
STREET ADDRESS	169 MIRACLE MILE., SUITE 200	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	DV	<input type="checkbox"/> Delete
NAME	NELSEN, MICHAEL	
STREET ADDRESS	888 SEVENTH AVE STE 3300	
CITY-ST-ZIP	NEW YORK NY 10106	
TITLE	DV	<input type="checkbox"/> Delete
NAME	FOWLER, THEODORE V.	
STREET ADDRESS	380 LEXINGTON AVE., SUITE 4500	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDELMAN, MARTIN L.	
STREET ADDRESS	75 EAST 55TH ST.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> Delete
NAME	BLACKMAN, CHRISTOPHER J.	
STREET ADDRESS	169 MIRACLE MILE, SUITE 200	
CITY-ST-ZIP	CORAL GABLES FL	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	TELBERT, DONALD J	
STREET ADDRESS	169 MIRACLE MILE, SUITE 200	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	Cobb, CHRISTIAN M	
STREET ADDRESS	169 MIRACLE MILE, SUITE 200	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	GITTO, Stephen	
STREET ADDRESS	888 SEVENTH AVE, STE 3300	
CITY-ST-ZIP	NEW YORK, NY 10106	
TITLE	P D	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	HINSON, JOHN A	
STREET ADDRESS	169 MIRACLE MILE, SUITE 200	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 reports 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD J. ELBERT, TREASURER

Date

Daytime Phone #

1/4/00

(305) 444-2