

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90164 009 \*\*\*150.00

**DOCUMENT # P94000094143**

1. Entity Name  
**OCEAN GROVE, INC.**

Principal Place of Business <b>2601 S BAYSHORE DR          9TH FLOOR          MIAMI FL 33133-5461</b>	Mailing Address <b>2601 S BAYSHORE DR          9TH FLOOR          MIAMI FL 33133-5412</b>
--	--

2. Principal Place of Business <b>4800 N. Federal Highway</b>	3. Mailing Address <b>200 S. Biscayne Boulevard</b>
--	--

Suite, Apt. #, etc. <b>Suite 105E</b>	Suite, Apt. #, etc. <b>Suite 4900</b>
--	--

City & State <b>Boca Raton, FL</b>	City & State <b>Miami, FL</b>
---------------------------------------	----------------------------------

4. FEI Number <b>65-0547286</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip <b>33431</b>	Country	Zip <b>33131</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
---------------------	---------	---------------------	---------	---

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GOLDMAN, JOEL K  
 2601 S BAYSHORE DR  
 9TH FLOOR  
 MIAMI FL 33133-5461**

Name <b>K. Lawrence Gragg</b>
Street Address (P.O. Box Number is Not Acceptable) <b>200 S. Biscayne Blvd., Suite 4900</b>
City <b>Miami</b>
State <b>FL</b>
Zip Code <b>33131</b>

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 *K. Lawrence Gragg*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

*4/28/00*  
 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD RUTHERFORD, J L 2601 S BAYSHORE DR MIAMI FL 33133-5461</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D Ackerman, Richard S. 4800 N. Federal Highway, Suite 105E Boca Raton, FL 33431</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD JEFFREY, THOMAS W 2601 S BAYSHORE DR MIAMI FL 33133-5461</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Gitlin, Gene 4800 N. Federal Highway, Suite 105E Boca Raton, FL 33431</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD GOLDMAN, JOEL K 2601 S BAYSHORE DR MIAMI FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VASC COOK, PAULA 2601 S BAYSHORE DR MIAMI FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT FISCHER, JOHN H 2601 S BAYSHORE DR MIAMI FL 33133-5461</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V LAGUARDIA, JOHN 2601 S. BAYSHORE DRIVE MIAMI FL 33133</b>	<input checked="" type="checkbox"/> Delete	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: *Richard S. Ackerman* **Richard S. Ackerman 4/30/00 561-395-9666**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/99)