

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90064 003 ***150.00

DOCUMENT # **P96000006097**

Entity Name

OCEANS, REEFS & AQUARIUMS, INC.

Principal Place of Business

Mailing Address

US 1 NORTH
 BLDG
 PIERCE FL 34946

265 SUNRISE AVENUE
 SUITE 204
 PALM BEACH FL 33480-3812

Principal Place of Business

3. Mailing Address

5600 U.S. 1 NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ACTED BLDG.

City & State

City & State

Ft. Pierce, FL

Zip

Country

Zip

Country

34946

4. FEI Number

65-0657787

Applied For

Not Applicable

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

**STEWART, WILLIAM ESQ
 STEWART, NALL, EVANS & HAFNER, P.A.
 3355 OCEAN DR.
 VERO BEACH FL 32963**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHN, DAVID	NAME	
STREET ADDRESS	%5600 US 1 NORTH	STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34946	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARINACCI, STEPHEN M	NAME	
STREET ADDRESS	%5600 US 1 NORTH	STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34946	CITY-ST-ZIP	
TITLE	DTCF <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, LARRY	NAME	
STREET ADDRESS	2104 BLUE SPRINGS RD	STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL 33411	CITY-ST-ZIP	
TITLE	DVPC <input type="checkbox"/> Delete	TITLE	DIRECTOR, V.P. - MARKETING <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, JEFFREY	NAME	TURNER, JEFFREY
STREET ADDRESS	1672 NE 205 TERR.	STREET ADDRESS	6250 N.W. 62th AVE.
CITY-ST-ZIP	N MIAMI BCH FL 33179	CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	DC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMAN, RICK	NAME	
STREET ADDRESS	HBOI, 5600 US HWY 1 NORTH	STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34946	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAINES, KEVIN	NAME	
STREET ADDRESS	1841 26TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL 32960	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 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

Larry P. King (LARRY P. KING)

Date

2/17/00

Daytime Phone #

407-737-4076

AS: CHIEF FINANCIAL OFFICER

CR2E034 (9/99)