

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90025 027 \*\*\*150.00

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**DOCUMENT # P96000034136**

1. Entity Name

**OCEAN SAND PROPERTIES MANAGEMENT COMPANY**

Principal Place of Business

**33 SE 5TH ST.  
BOCA RATON FL 33432**

Mailing Address

**PO BOX 1323  
BOCA RATON FL 33429-1323**

2. Principal Place of Business

**601 So. Federal Hwy**  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Boca Raton FL**

City & State

4. FEI Number

**65-0661985**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KENNEDY, BENJAMIN S JR.  
399 W. PALMETTO PARK ROAD, #106  
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name **Holly Gayle Gershon**  
 Street Address (P.O. Box Number is Not Acceptable)  
**Union Planters Building**  
**1489 W Palmetto Park Road Suite 425**  
 City **Boca Raton FL** Zip Code **33486**

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

**2/15/02**

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, 2002 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 **D** ☐ Delete  
 NAME **KENNEDY, BENJAMIN S JR.**  
 STREET ADDRESS **399 W. PALMETTO PARK ROAD #106**  
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **M** ☐ Delete  
 NAME **PULTE, MARK T**  
 STREET ADDRESS **2377 E SILVER PALM DR**  
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 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 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 Required**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/10/02** (561) 272-6852

Date

Daytime Phone #

CR2E034 (9/01)