

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2000 8:00 am
Secretary of State
 09-13-2000 90058 013 ***558.75

DOCUMENT # P99000099460

1. Entity Name

OCEAN HAMMOCK REAL ESTATE CO. INC.



Principal Place of Business

13121 EASON ISLAND COURT
 JACKSONVILLE FL 32224

Mailing Address

13121 EASON ISLAND COURT
 JACKSONVILLE FL 32224

2. Principal Place of Business

1301 South First Street

3. Mailing Address

1301 South First Street

Suite, Apt. #, etc.

#206

Suite, Apt. #, etc.

#206

City & State

JACKSONVILLE BEACH, FLA

City & State

JACKSONVILLE BEACH, FLA

Zip

32250

Country

U.S.A.

Zip

32250

Country

U.S.A.

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEIN, NEIL B
 13121 EASON ISLAND COURT
 JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent

Name: PD WEIN, NEIL B
 Street Address (P.O. Box Number is Not Acceptable): 1301 South First Street #206
 City: JACKSONVILLE BEACH, FL Zip Code: 32250

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: *Neil B. Wein* NEIL B. WEIN President

DATE: 9/9/00

☒ This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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: WEIN, NEIL
 STREET ADDRESS: 13121 EASON ISLAND COURT
 CITY-ST-ZIP: JACKSONVILLE FL 32224

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: PD ☒ Change ☐ Addition
 NAME: WEIN, NEIL B.
 STREET ADDRESS: 1301 South First Street #206
 CITY-ST-ZIP: JACKSONVILLE BEACH, FLA 32250

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

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

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 CITY-ST-ZIP:

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: *Neil B. Wein* NEIL B. WEIN President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 9/9/00 904-242-1915
 Daytime Phone #