## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED May 14, 2001 8:00 am Secretary of State **DOCUMENT # V18692** OCEAN WALK DEVELOPMENT, INC. 05-14-2001 90268 005 \*\*\*150.00 Principal Place of Business Mailing Address 410 NORTH HALIFAX AVENUE 535 SILVER BEACH SUITE D DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118 2. Principal Place of Business 3. Mailing Address 326 n. Atlantic Aug Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3109369 DAYTONA Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 32118 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANDERSON, GEORGE D.-Street Address (P.O. Box Number is Not Acceptable) **3010 PENINSULA DRIVE** DAYTONA BEACH FL 32118 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition TITLE TITLE ☐ Delete ANDERSON, GEORGE D. NAME NAME 3010 S. PENINSULA DR. STREET ADDRESS STREET ADDRESS CITY-ST-7IP DAYTONA BEACH FL 32118 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE GEARY, WILLIAM W., JR. NAME NAME 3010 S. PENINSULA DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32118 CITY-ST-ZIP DVS ☐ Change Addition TITLE Delete TITLE FINCKE, GERALD B NAME NAME **5766 PENDLEBURY CT** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT ORANGE FL 32127 CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

☐ Delete

E OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIE

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Change

Addition