

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 199295

1. Entity Name

Sea Tower Apartments, Inc.

FILED

00 AUG 21 AM 8:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00068672

Principal Place of Business Mailing Address  
2840 North Ocean Boulevard  
Fort Lauderdale, Florida 33308

2. Principal Place of Business  
2840 N. Ocean Blvd.  
Suite, Apt. #, etc.

3. Mailing Address  
2840 N. Ocean Blvd.  
Suite, Apt. #, etc.

07/19/2000 90002 029 \$61.25

City & State  
Fort Lauderdale, Florida

City & State  
Fort Lauderdale, Florida

4. FEI Number 59-0830092  
Applied For  Not Applicable

Zip Country  
33308 USA

Zip Country  
33308 USA

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

Foley, Gordon  
2840 N. Ocean Blvd., Suite 907  
Ft. Lauderdale, FL 33308

Name Goldsmith, Nancy  
Street Address (P.O. Box Number is Not Acceptable)  
2840 N. Ocean Blvd.  
Suite #602  
City Fort Lauderdale, FL Zip Code 33308

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 Nancy Goldsmith

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  **\$5.00** May Be Added to Fees  
Trust Fund Contribution.

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
NAME President  
NAME Gordon Foley  
STREET ADDRESS 2840 N. Ocean Blvd #907-FT. Laud., FL 33308  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME President  
NAME Gordon Foley  
STREET ADDRESS 2840 N. Ocean Blvd #907-FT. Laud., FL 33308  
CITY-ST-ZIP

TITLE  Delete  
NAME Vice-President  
NAME Dorothea Franzosa  
STREET ADDRESS 280 N. Ocean Blvd. #1002-FT. Laud., FL 33308  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME Vice-President  
NAME Dorothea Franzosa  
STREET ADDRESS 2840 N. Ocean Blvd #1002-FT. Laud., FL 33308  
CITY-ST-ZIP

TITLE  Delete  
NAME Treasurer  
NAME Monika Schulze  
STREET ADDRESS 280 N. Ocean Blvd. #902-FT. Laud., FL 33308  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME Treasurer  
NAME Monika Schulze  
STREET ADDRESS 2840 N. Ocean Blvd #902-FT. Laud., FL 33308  
CITY-ST-ZIP

TITLE  Delete  
NAME Board Secretary  
NAME Anna Peddle  
STREET ADDRESS 2840 N. Ocean Blvd. #909-FT. Laud., FL 33308  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME Board Secretary  
NAME Anna Peddle  
STREET ADDRESS 2840 N. Ocean Blvd. #909-FT. Laud., FL 33308  
CITY-ST-ZIP

TITLE  Delete  
NAME Board Member  
NAME Loring Knecht  
STREET ADDRESS 2840 N. Ocean Blvd. #304-FT. Laud., FL 33308  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME Board Member  
NAME Loring Knecht  
STREET ADDRESS 2840 N. Ocean Blvd. #304-FT. Laud., FL 33308  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.01(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 7, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy Goldsmith  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer 6/27/2000 Date

(954) 566-2632 Daytime Phone #

CR2E037 (9/99)

400003385814-9  
-09/08/00-01001-018  
\*\*\*\*\*88.75 \*\*\*\*\*88.75