

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 199295

1. Entity Name

Sea Tower Apartments, Inc.

FILED

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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
Zip 33308 Country USA

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Fort Lauderdale, Florida
Zip 33308 Country USA

4. FEI Number
59-0830092
Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Foley, Gordon
2840 N. Ocean Blvd., Suite 907
Ft. Lauderdale, FL 33308

7. Name and Address of New Registered Agent
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
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Gordon Foley</u> <u>2840 N. Ocean Blvd #907-FT. Laud., FL 33308</u>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice-President</u> <u>Dorothea Franzosa</u> <u>280 N. Ocean Blvd. #1002-FT. Laud., FL 33308</u>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Treasurer</u> <u>Monika Schulze</u> <u>280 N. Ocean Blvd. #902-FT. Laud, FL 33308</u>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Board Secretary</u> <u>Anna Peddle</u> <u>2840 N. Ocean Blvd. #909-FT. Laud, FL 33308</u>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Loring Knecht</u> <u>Board Member</u> <u>2840 N. Ocean Blvd. #304-FT. Laud, FL 33308</u>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Gordon Foley</u> <u>2840 N. Ocean Blvd #907-FT. Laud., FL 33308</u>	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice-President</u> <u>Dorothea Franzosa</u> <u>2840 N. Ocean Blvd #1002-FT. Laud., FL 33308</u>	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Treasurer</u> <u>Monika Schulze</u> <u>2840 N. Ocean Blvd #902-FT. Laud, FL 33308</u>	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Board Secretary</u> <u>Anna Peddle</u> <u>2840 N. Ocean Blvd. #909-FT. Laud. FL 33308</u>	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Loring Knecht</u> <u>Board Member</u> <u>2840 N. Ocean Blvd. #304-FT. Laud. FL 33308</u>	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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-09/08/00-01001-018
*****88.75 *****88.75

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 Treasurer 6/27/2000 (954) 566-2632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)