

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713743

1. Entity Name

SEA BREEZE APARTMENTS CONDOMINIUM, INC.

Principal Place of Business

247 NORTH COLLIER BLVD., SUITE 202
MARCO ISLAND FL 34145

Mailing Address

247 NORTH COLLIER BLVD., SUITE 202
MARCO ISLAND FL 34145

2. Principal Place of Business

3. Mailing Address

PO Box 1693

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MARCO ISLAND, FL

Zip

Country

Zip

34146

Country

4. FEI Number

59-1228366

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORRIS, WILLIAM G
247 NORTH COLLIER BLVD., SUITE 202
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name

Jamie B. Greusel

Street Address (P.O. Box Number is Not Acceptable)

1104 North Collier Blvd.

City

Marco Island

FL

Zip Code

34145

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

Jamie B. Greusel

Jamie B. Greusel

2/06/01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THORNE, DAVID 240 N COLLIER #D-5 MARCO ISLAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT KELLEY, LAWRENCE 19 MERRITT AVE BRAINTREE MA 02184	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELLIS, JOHN 240 N. COLLIGA BLVD. D-1 MARCO ISLAND FL 34145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LOFANO, PETER 274 S HEATHWORD DR MARCO ISLAND FL 34145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAFFIOTI, THOMAS 2100 BAY BLVD LAVALLETTE NJ 08735	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JARETT, BARRY 240 N. COLLIER BLVD. D-4 MARCO ISLAND, FL 34145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, 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:

DAVID THORNE

02/26/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90304 015 ****61.25



DO NOT WRITE IN THIS SPACE