

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90009 044 ****61.25

DOCUMENT # 720122

1. Entity Name
ST. SEBASTIAN'S-BY-THE-SEA, INC.

Principal Place of Business
**2010 ~~SOUTH~~ OAK STREET
 MELBOURNE BEACH FLA 32951**

Mailing Address
**2010 ~~SOUTH~~ OAK STREET
 MELBOURNE BEACH FLA 32951**

2. Principal Place of Business
2010 Oak Street

3. Mailing Address
2010 Oak Street

Suite, Apt. #, etc.

City & State
Melbourne Beach, FL 32951

City & State
Melbourne Beach, FL 32951

4. FEI Number
59-1082770

Applied For
 Not Applicable

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

Zip **32951** Country **BREVARD** Zip **32951** Country **BREVARD**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**COLLINS, REV. PERRY W.
 2010 ~~SOUTH~~ OAK STREET
 MELBOURNE BCH FL 32951**

7. Name and Address of New Registered Agent
 Name (Same)-
 Street Address (P.O. Box Number is Not Acceptable)
2010 Oak Street
 City **Melbourne Beach, FL** Zip Code **32951**

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 X *[Signature]*
THE REV. PERRY W. COLLINS

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **8-6-00**

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLINS, PERRY W. 2010 S OAK STREET MELBOURNE BCH FL 32951 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ZULAGER, CHARLES 2750 SPITFIRE CT MELBOURNE BCH FL 32951 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PETERSON, PETER 401 THIRD AVE. MELBOURNE BCH. FL 32951 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: X *[Signature]*
 Signature, typed or printed name of officer or director

DATE **8-6-00** Daytime Phone # **(321) 723-3015**

CR2E037 (5/00)