

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2000 8:00 am
Secretary of State

07-11-2000 90172 042 ****61.25

DOCUMENT # 742862

1. Entity Name:
SEASCAPE OF LITTLE HICKORY ISLAND, INC.

Principal Place of Business: **25810 HICKORY BLVD BONITA SPRINGS, FL 33923 US**

Mailing Address: **25810 HICKORY BLVD BONITA SPRINGS, FL 33923 US**

00003059

2. Principal Place of Business: **25810 HICKORY BLVD**

3. Mailing Address: **25810 HICKORY BLVD**

Suite, Apt. #, etc.:

City & State: **BONITA SPRINGS, FL**

Zip: **34134** Country: **US**

4. FEI Number: **591880436** Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ANDERSON, MARCUS E
25810 HICKORY BLVD
BONITA SPRINGS, FL 33923

7. Name and Address of New Registered Agent

Name: **JOHN R. SHONAK**

Street Address (P.O. Box Number is Not Acceptable): **25810 HICKORY BLVD**

City: **BONITA SPRINGS** State: **FL** Zip Code: **34134**

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: John R. Shonak **JOHN R. SHONAK** **MANAGER** July 3, 2000

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

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	PD <input type="checkbox"/> Delete
NAME	VOGH, RICHARD J
STREET ADDRESS	23285 ROBERT JOHN ST. CLAIR SHORES, MI 48280
CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	SCHULENBERG, WALLACE
STREET ADDRESS	2712 KEITH ST EAU CLAIRE, WI
CITY-ST-ZIP	
TITLE	NP <input checked="" type="checkbox"/> Delete
NAME	COULTER, JAMES
STREET ADDRESS	1500 LINCOLN TOWER CR. MARSHALLTOWN IR 50158
CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete
NAME	CORCELLI, DIANE
STREET ADDRESS	25820 HICKORY BLVD APT. D-201 BONITA SPRINGS, FL 34134
CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	VANDERPLOEG, CLARE
STREET ADDRESS	4014 E GULL LAKE DRIVE HICKORY CORNERS MI
CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> Delete
NAME	BOEHN KENNETH
STREET ADDRESS	4292 COUNTRY LANE GREENWOOD, IN
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS WALSH
STREET ADDRESS	77 HUSSOCK BROOK RD DUXBURY, MA 02331
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK BROMHEAD
STREET ADDRESS	10331 EMERALD WOODS AVE ORLANDO, FL 32836
CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIANE CORCELLI
STREET ADDRESS	25800 HICKORY BLVD APT. F-408 BONITA SPRINGS, FL 34134
CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARE VANDERPLOEG
STREET ADDRESS	4014 E. GULL LAKE DRIVE HICKORY CORNERS, MI 49060
CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNETH BOEHN
STREET ADDRESS	6106 WHITETAIL RUN GREENWOOD, IN 46143
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK PRINATEL
STREET ADDRESS	7321 PLAYERS CLUB DR CONCORD, OH 44701
CITY-ST-ZIP	

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: Diane Corcelli **Diane Corcelli (Secretary)** 7-5-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)