

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742862

1. Entity Name

SEASCAPE OF LITTLE HICKORY ISLAND, INC.

FILED
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90007 029 ****61.25

0073242

Principal Place of Business

25810 HICKORY BLVD.
BONITA SPRINGS FL 34134
US

Mailing Address

25810 HICKORY BLVD.
BONITA SPRINGS FL 34134
US

C0005321



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1880436

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SHONAK, JOHN R
25810 HICKORY BLVD
BONITA SPRINGS FL 34134

Name

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

City

FL

Zip Code

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

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	PD VOGH, RICHARD J 23285 ROBERT JOHN ST. CLAIR SHORES MI 48280	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROMHEAD, MARK 10331 EMERALD WOODS AVE ORLANDO FL 32836	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALSH, THOMAS 77 HUSOCK BROOK RD DUXBURY MA 02331	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CORCELLI, DIANE 25800 HICKORY BLVD APT, F-408 BONITA SPRINGS FL 34134	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANDERPLOEG, CLARE 4014 E GULL LAKE DRIVE HICKORY CORNERS MI 49060	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOEHN, KENNETH 6106 WHITETAIL RUN GREENWOOD IN 46143	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALSH, THOMAS 77 HUSOCK BROOK RD. DUXBURY, MA 02331	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOEHN, KENNETH 6106 WHITETAIL RUN GREENWOOD, IN 46143	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PRIJATEL, FRANK 7321 PLAYERS CLUB DR. CONCORD, OH 44077	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAWDY, DONALD 7129 SCARLET OAK ST MASON, OH 45040-7905	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTINORO, BEATRICE 25810 HICKORY BLVD #E-206 BONITA SPRINGS, FL 34134	☐ Change ☒ 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:

Signature of Diane Corcelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-01 941-992-6723

CR2E037 (10/00)