

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747757

1. Entity Name

SEA CABINS OWNERS' ASSOCIATION, INC.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90172 029 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1030 OLD HWY 98  
DESTIN FL 32541  
US

1030 OLD HWY 98  
DESTIN FL 32541-4034  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1955601

Applied For

Not Applicable

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

OCEAN REEF REALTY, INC.  
10221 HWY 98 WEST  
DESTIN FL 32541

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GETTS, DAVE  
CITY-ST-ZIP 1030 OLD HWY 98 #5B  
DESTIN FL 32541

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME P/D  
STREET ADDRESS RUSSOMANNO, JOHN  
CITY-ST-ZIP 2952 HOLLOW MILL LN  
BUFORD GA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME STD  
STREET ADDRESS LABYK, CHRIS  
CITY-ST-ZIP RT 7 BOX 181F  
CARBONDALE IL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME VPD  
STREET ADDRESS CASSIDY, DONNA  
CITY-ST-ZIP P O BOX 71054 N/A  
MARIETTA GA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME D  
STREET ADDRESS RUSSOMANNO, JAN  
CITY-ST-ZIP 2952 HOLLOW MILL LN.  
BUFORD GA 30518

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS Bainton, Barry  
CITY-ST-ZIP 425 Morgan Fall Chase  
Canton, Ga 30114

TITLE ☐ Delete  
NAME M  
STREET ADDRESS TAYLOR, TIMOTHY  
CITY-ST-ZIP 10221 HWY. 98 WEST  
DESTIN FL 32541

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Timothy N. Taylor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Timothy N. Taylor 2/1/2000 850 837 3935  
Date Daytime Phone #

CR2E037 (9/99)