

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90154 037 \*\*\*\*61.25

**DOCUMENT # N15345**

1. Entity Name

**SEA OATS OF JUNO BEACH CONDOMINIUM TWO ASSOCIATI**

Principal Place of Business

Mailing Address

802 SEA OATS DR.  
 JUNO BEACH FL 33408

PLEASE CHANGE ADDRESS TO  
 725 NORTH A1A SUITE C110  
 JUPITER, FL ##\$&&

2. Principal Place of Business

Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2700896**

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

7. Name and Address of New Registered Agent

**INGLIS, STEVE**

Please change address to  
 725 North A1A Suite C110  
 Jupiter, FL 33477

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	PD	<input type="checkbox"/> Delete
NAME	MCCORMICK, SHEILA	
STREET ADDRESS	504-5 SEA OATS DR	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RAYNE, EMMY	
STREET ADDRESS	406-H SEA OATS DR	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VANLINDT, SUSAN	
STREET ADDRESS	504-3 SEA OATS DR	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WALLACE, MAYNARD	
STREET ADDRESS	403A SEA OATS DR	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	DD	<input checked="" type="checkbox"/> Delete
NAME	SARGENT, RUTH	
STREET ADDRESS	705-2 SEA OATS DR	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	DD	<input type="checkbox"/> Delete
NAME	DECARLO, ALBERT	
STREET ADDRESS	404E SEA OATS DR	
CITY-ST-ZIP	JUNO BEACH FL 33408	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Maynard J. Rayne*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)