

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90106 039 ****70.00

DOCUMENT # N30003

1. Entity Name

SEAMEN'S CHURCH INSTITUTE OF FLORIDA INC.



Principal Place of Business

**1800 SE 32ND ST
HOLLYWOOD FL 33316
US**

Mailing Address

**P.O. BOX 13034
FORT LAUDERDALE, FL 33316**

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 **65-0123576**

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

**MILLEDGE, ALLAN
2100 PONCE-DE-LEON BLVD.
SUITE 600
MIAMI FL 33134**

See new address

Name **Same**

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

3240 Corporate Way

City **Miramar**

FL

Zip Code **33025**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Alan Milledge*
Signature, typed or printed name of registered agent and title if applicable.

Alan Milledge, Director
(NOTE: Registered Agent signature required when reinstating)

2-4-03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **MILLEDGE, ALLAN**
STREET ADDRESS **3240 CORPORATE WAY**
CITY-ST-ZIP **MIRAMAR FL 33025**

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

TITLE **DP** ☐ Delete
NAME **NOVACEK, ARTHUR**
STREET ADDRESS **701 SE 24TH ST**
CITY-ST-ZIP **FT LAUDERDALE FL 33316**

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

TITLE **SD** ☐ Delete
NAME **SASSO, A P**
STREET ADDRESS **399 CHALLENGER ROAD, SUITE 103**
CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

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

TITLE **M** ☐ Delete
NAME **MESENBRING, DAVID**
STREET ADDRESS **1207 SW 21ST COURT**
CITY-ST-ZIP **FT. LAUDERDALE FL 33315**

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

TITLE **DT** ☐ Delete
NAME **YAGER, JAMES D**
STREET ADDRESS **3100 NE 48TH ST, #913**
CITY-ST-ZIP **FT LAUDERDALE FL**

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

TITLE **VD** ☐ Delete
NAME **BERRY, CLIFF II**
STREET ADDRESS **P.O. BOX 13079**
CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

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:

SIGNATURE REQUIRED

1/8/03 954 467 7330

CR2E037 (10/02)