

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N30292**

1. Entity Name

SEAPORT MASTER ASSOCIATION, INC.**FILED****Mar 12, 2001 8:00 am**
Secretary of State

03-12-2001 90464 042 ****61.25

0029232

Principal Place of Business

VILLAGES OF SEAPORT
8850 N. ATLANTIC AVE.
CAPE CANAVERAL FL 32920
US

Mailing Address

8850 N. ATLANTIC AVE
STE. 5000
CAPE CANAVERAL FL 32920
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2761375

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BECKER & POLIAKOFF, PA
C/O C JOHN CHRISTENSEN, ESQ
500 WINDERLEY PL, SUITE 104
MAITLAND FL 32751

7. Name and Address of New Registered Agent

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 PD
NAME SAWYERS, MEL ☐ Delete
STREET ADDRESS 230 N SEAPORT
CITY-ST-ZIP CAPE CANAVERAL FL 32920TITLE VD
NAME DRAHL, WILLIAM ☒ Delete
STREET ADDRESS 5939 MARLBERRY DRIVE
CITY-ST-ZIP ORLANDO FTITLE STD
NAME SPARKS, ANNETTE ☐ Delete
STREET ADDRESS 132 BEACH PARK LANE
CITY-ST-ZIP CAPE CANAVERAL FL 32920TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE VD
NAME Gorn, Jeff ☒ Change ☐ Addition
STREET ADDRESS 8892 Ridgewood Ave
CITY-ST-ZIP Cape Canaveral FL 32920TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
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: *W. J. Gorn* **REQUIRED**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-09-01

Date

321-784-6400

Daytime Phone #

CR2E037 (10/00)