

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

03-29-2000 90063 026 \*\*\*\*61.25

**DOCUMENT # N93000002569**

1. Entity Name

**SEASIDE AT BELLEAIR I CONDOMINIUM ASSOCIATION, I**

Principal Place of Business

Mailing Address

220 BELLEVIEW BLVD.  
 BELLEAIR FL 34616  
 US

220 BELLEVIEW BLVD.  
 BELLEAIR FL 33756-1983  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2189 Cleveland Street

3. Mailing Address

2189 Cleveland Street

Suite, Apt. #, etc.

#225

Suite, Apt. #, etc.

#225

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number

59-3206211

Applied For

Not Applicable

Zip

33765

Country

Pinellas

Zip

33765

Country

Pinellas

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEIGHTON, LENNARD A.  
 1700 MCMULLEN BOOTH ROAD  
 SUITE C3  
 CLEARWATER FL 34619

LEIGHTON, LENNARD A  
 C/O SEABOARD ARBORS MANAGEMENT  
 2189 CLEVELAND ST. STE. 225  
 CLEARWATER FL 33765  
 US

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	DS	<input type="checkbox"/> Delete
NAME	WHITTLE, ERNEST	
STREET ADDRESS	ONE SEASIDE LANE #203	
CITY-ST-ZIP	BELLEAIR FL	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MALLORY, GEORGE	
STREET ADDRESS	1 SEASIDE LANE STE 504	
CITY-ST-ZIP	BELLEAIR FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WINDT, STU	
STREET ADDRESS	1 SEASIDE LANE #501	
CITY-ST-ZIP	BELLEAIR FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	INGERSOLL, JAMES	
STREET ADDRESS	ONE SEASIDE LANE #803	
CITY-ST-ZIP	BELLEAIR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FALLON, JOE	
STREET ADDRESS	ONE SEASIDE LANE #101	
CITY-ST-ZIP	BELLEAIR, FL 33756	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIFFITH, ALLEN	
STREET ADDRESS	ONE SEASIDE LANE #702	
CITY-ST-ZIP	BELLEAIR, FL 33756	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGERSOLL, JAMES	
STREET ADDRESS	ONE SEASIDE LAND, #803	
CITY-ST-ZIP	BELLEAIR, FL 33756	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT BOGATIN	
STREET ADDRESS	ONE SEASIDE LANE #602	
CITY-ST-ZIP	BELLEAIR, FL 33756	
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 fees empowered.

SIGNATURE:

*Ernest Whittle*  
 REGISTERED AGENT REQUIRED

3/2/00

(727) 447-8813

CR2E037 (9/99)