

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003005

1. Entity Name

SEASIDE AT BELLEAIR MASTER ASSOCIATION, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90085 031 ****61.25

Principal Place of Business

Mailing Address

220 BELLEVIEW BLVD.
BELLEAIR FL 34616
US

220 BELLEVIEW BLVD.
BELLEAIR FL 33756-1983
US

2. Principal Place of Business

3. Mailing Address

2189 Cleveland Street

2189 Cleveland Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#225

#225

City & State

Clearwater, Florida

City & State

Clearwater, Florida

4. FEI Number

59-3206213

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

7. Name and Address of New Registered Agent

LEIGHTON, LENNARD A.
1700 MCMULLEN BOOTH RD
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Delete
NAME LANKTON, JAMES
STREET ADDRESS 3 SEASIDE LANE #402
CITY-ST-ZIP BELLEAIR FL 33756

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

TITLE D ☐ Delete
NAME CROWN, BOB
STREET ADDRESS 2 SEASIDE LANE #103
CITY-ST-ZIP BELLEAIR FL 33756

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

TITLE D ☐ Delete
NAME INGERSOLL, JAMES
STREET ADDRESS 1 SEASIDE LANE #803
CITY-ST-ZIP BELLEAIR FL 33756

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

TITLE D ☒ Delete
NAME MALLORY, GEORGE
STREET ADDRESS ONE SEASIDE LANE
CITY-ST-ZIP BELLEAIR FL

TITLE ☐ Change ☒ Addition
NAME FALLON, JOE
STREET ADDRESS ONE SEASIDE LANE #101
CITY-ST-ZIP BELLEAIR, FL 33756

TITLE D ☐ Delete
NAME VANWINKLE, ROBERT
STREET ADDRESS TWP SEASIDE LANE STE 302
CITY-ST-ZIP BELLEAIR FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

JAMES R. LANKTON SECRETARY

3-23-00

727-446-8887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JAMES R. LANKTON

Date

Daytime Phone #

CR2E037 (9/99)