

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90410 012 ****61.25

DOCUMENT # N93000004454

1. Entity Name

SEASCAPE NUMBER 7-C ASSOCIATION, INC.

Principal Place of Business

Mailing Address

11625 US HWY 98 W
 DESTIN FL 32541

155 POINCIANA BLVD
 DESTIN FL 32541-6225

2. Principal Place of Business

10221 Hwy 98

3. Mailing Address

PO BOX 10225

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Same as principal



DO NOT WRITE IN THIS SPACE

City & State
 Destin FL

City & State
 Destin FL

4. FEI Number

59-3196969

Applied For

Not Applicable

Zip
 32541

Country
 USA

Zip
 32550

Country
 US

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

SCOTT, WALTER
 155 POINCIANA BLVD
 DESTIN FL 32541

Name **Ralph Gelder**

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

10221 Highway 98 West

City **Destin**

FL

Zip Code **32541**

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 **Ralph Gelder**

DATE **4/12/00**

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** Delete
 NAME **GRAY, FRED**
 STREET ADDRESS **3264 WIND SHADOW COVE**
 CITY-ST-ZIP **MEMPHIS TN 38125**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** Delete
 NAME **HINSON, ALBERT**
 STREET ADDRESS **1155 DALRIADA RD**
 CITY-ST-ZIP **MONTGOMERY AL 36109**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TSD - TSD** Delete
 NAME **SISAMIS, PAUL**
 STREET ADDRESS **100 SEASCAPE DR., #202**
 CITY-ST-ZIP **DESTIN FL 32541**

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

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 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: **SIGNATURE REQUIRED**

DATE **4/21/00**

Daytime Phone # **901 742 1068**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)