

**2002 UNIFORM BUSINESS REPORT (UBR)**

4/1/

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90020 030 \*\*\*\*61.25

**DOCUMENT # N93000004454**

1. Entity Name

**SEASCAPE NUMBER 7-C ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

10221 HWY 98  
 STE. 23  
 DESTIN FL 32550  
 US

10221 HWY 98  
 STE. 23  
 DESTIN FL 32550  
 US

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

**59-3196969**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GELDER, RALPH**  
 10221 HIGHWAY 98 WEST #23  
 DESTIN FL 32550

Name: **Jay Gelder**  
 Street Address: **Emerald Coast Assoc. Mgt.**  
**10221 Emerald Coast Pkwy W, 523**  
 City: **Destin** State: **FL** Zip Code: **32550**

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]*  
 Signature, typed or printed name of registered agent and title if applicable.

*[Signature]*  
 Registered Agent signature required when reinstating)

DATE: **4/11/02**

**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	VPD	<input checked="" type="checkbox"/> Delete
NAME	<b>HINSON, ALBERT</b>	
STREET ADDRESS	<b>1155 DALRIADA RD</b>	
CITY-ST-ZIP	<b>MONTGOMERY AL 36109</b>	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	<b>SISAMIS, PAUL</b>	
STREET ADDRESS	<b>638 MYWOOD</b>	
CITY-ST-ZIP	<b>TALLMADGE OH 44278</b>	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	<b>AKERS, THOMAS</b>	
STREET ADDRESS	<b>1729 LARK ST</b>	
CITY-ST-ZIP	<b>NEW ORLEANS LA 70122</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VPD Ekman, Sven</b>	
STREET ADDRESS	<b>506 Lyndale Ave</b>	
CITY-ST-ZIP	<b>Louisville, KY 40222</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Cecil Wade</b>	
STREET ADDRESS	<b>200-100 Seascope Dr.</b>	
CITY-ST-ZIP	<b>Destin, FL 32550</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)