

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006692

1. Entity Name

SEASIDE AT BELLEAIR III CONDOMINIUM ASSOCIATION,

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90022 043 ****61.25

Principal Place of Business

Mailing Address

2189 CLEVELAND STREET
#225
CLEARWATER FL 33765

2189 CLEVELAND STREET
#225
CLEARWATER FL 33765-3234

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3492236

Applied For

Not Applicable

Zip

Country

Zip

Country

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
SEABOARD ARBORS MANAGEMENT SERVICE
2189 CLEVELAND STREET, #225
CLEARWATER FL 33765

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	LANKTON, JAMES	
STREET ADDRESS	THREE SEASIDE LANE, #402	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JENSEN, ROLF	
STREET ADDRESS	THREE SEASIDE LANE, #301	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMYTH, E. REX	
STREET ADDRESS	THREE SEASIDE LANE, #401	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE	TTD	<input type="checkbox"/> Delete
NAME	GOODWILLIE-DOPSON, CONSTANCE	
STREET ADDRESS	THREE SEASIDE LANE, #502	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE	D	<input type="checkbox"/> Delete
NAME	BANKS, RUSSELL	
STREET ADDRESS	THREE SEASIDE LANE, #202	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE		<input type="checkbox"/> Delete
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	
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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: James R Lankton PRESIDENT JAMES R LANKTON 3-23-00 727-446-8867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR James Lankton Date Daytime Phone #

CR2E037 (9/99)