

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000040806

1. Entity Name
SEL PLANTATION DEVELOPMENT NO. 3, INC.

Principal Place of Business
 4142 ESCONDITO CIRCLE
 SARASOTA FL 34238

Mailing Address
 POST OFFICE BOX 15633
 SARASOTA FL 34277

2. Principal Place of Business
 2747 ORCHID OAKS DRIVE

3. Mailing Address
 POST OFFICE BOX 943

Suite, Apt. #, etc.
 102A

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 SARASOTA FL

City & State
 OSPREY FL

4. FEI Number
65-1003509

Applied For
 Not Applicable

Zip Country
 34239 US

Zip Country
 342290943 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

SEIDER WILLIAM M
 200 SOUTH ORANGE AVENUE
 SARASOTA FL 34236

Name
SEIDER WILLIAM M

Street Address (P.O. Box Number is Not Acceptable)
 200 SOUTH ORANGE AVENUE

City
SARASOTA FL Zip Code
 34236

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 **STEPHEN E. LATTMANN**

04/30/2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	MR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LATTMANN STEPHEN E	
STREET ADDRESS	2747 ORCHID OAKS DRIVE - 102A	
CITY-ST-ZIP	SARASOTA FL 34239	
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		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **STEPHEN E. LATTMANN**

MR 04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)