

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S22271**

1. Entity Name

SEA WAKE RESORTS, INC.**FILED****Apr 24, 2001 8:00 am**
Secretary of State

04-24-2001 90280 003 ***150.00

0526829

Principal Place of Business

Mailing Address

445 HAMDEN DR
CLEARWATER FL 34630**445 HAMDEN DR**
CLEARWATER FL 34630

2. Principal Place of Business

3. Mailing Address

2348 Sunset Point Rd**2348 Sunset Point Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A**Suite A**

City & State

City & State

Clearwater, FL**Clearwater, FL**

Zip

Country

Zip

Country

33765**USA****33765****USA**

4. FEI Number

59-3096046

Applied For

Not Applicable

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

SEATON, DARYL
445 HAMDEN DR
CLEARWATER FL 34630

Name

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

2348 Sunset point Rd. Suite ACity **Clearwater****FL**

Zip Code

33765

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

Daryl Seaton**4-17-01**

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 State10. 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 ☐ Delete
NAME **D**
STREET ADDRESS **SEATON, DARYL**
CITY-ST-ZIP **445 HAMDEN DR**
CLEARWATER FL☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **2348 Sunset Point Rd. Suite A**
CITY-ST-ZIP **Clearwater, FL 33765**TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SEATON, DON**
CITY-ST-ZIP **445 HAMDEN DR**
CLEARWATER FL☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **2348 Sunset point Rd. Suite a**
CITY-ST-ZIP **Clearwater, FL 33765**TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SEATON, NANETTE**
CITY-ST-ZIP **445 HAMDEN DR**
CLEARWATER FL☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **2348 Sunset Point Rd. Suite A**
CITY-ST-ZIP **Clearwater, FL 33765**TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SEATON, JANE**
CITY-ST-ZIP **445 HAMDEN DR**
CLEARWATER FL☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **2348 Sunset Point Rd. Suite A**
CITY-ST-ZIP **Clearwater, FL 33765**TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SEATON, LENETTE**
CITY-ST-ZIP **445 HAMDEN DR**
CLEARWATER FL☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **2348 Sunset Point Rd. Suite A**
CITY-ST-ZIP **Clearwater, FL 33765**TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SEATON, WENDY**
CITY-ST-ZIP **445 HAMDEN DR**
CLEARWATER FL☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **2348 Sunset Point Rd. Suite A**
CITY-ST-ZIP **Clearwater, FL 33765**

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.

727-725-4631**04/17/01**

SIGNATURE:

Daryl J. Seaton, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)