

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90020 018 ****61.25

DOCUMENT # N30292

1. Entity Name

SEAPORT MASTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**VILLAGES OF SEAPORT
 8850 N. ATLANTIC AVE.
 CAPE CANAVERAL FL 32920
 US**

**8850 N. ATLANTIC AVE
 STE. 5000
 CAPE CANAVERAL FL 32920-3406
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2761375

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

Name

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

City

FL

Zip Code

**BECKER & POLIAKOFF, PA
 C/O C JOHN CHRISTENSEN, ESQ
 500 WINDERLEY PL, SUITE 104
 MAITLAND FL 32751**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD SAWYERS, MEL 230 N SEAPORT CAPE CANAVERAL FL 32920	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DRAHL, WILLIAM 5939 MARLBERRY DRIVE ORLANDO F	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCHUGH, THOMAS 121 SEAPORT BLVD. CAPE CANAVERAL FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SPARKS, ANNETTE 132 BEACH PARK LANE CAPE CANAVERAL, FL 32920	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

MEL SAWYERS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-00 (321) 724-6400

CR2E037 (9/99)