

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 402972

1. Entity Name

SEAGLADES INVESTMENT CO.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90073 008 ***150.00

Principal Place of Business

Mailing Address

1528 N DIXIE HWY STE 1
LAKE WORTH FL 33460

1528 N DIXIE HWY STE 1
LAKE WORTH FL 33460-1869

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 ~~59-6205249~~
59-1531826

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

GRAHAM, WILLIAM J JR
1528 N DIXIE HWY STE 1
LAKE WORTH FL 33460

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

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, 2000 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	PTD	☐ Delete
NAME	GRAHAM, WILLIAM J JR	
STREET ADDRESS	118 W EVANS LN	
CITY-ST-ZIP	MANALAPAN FL 33462	
TITLE	SD	☐ Delete
NAME	HOOPER, KATHLEEN	
STREET ADDRESS	13675 EXOTICA LN	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	VTD	☐ Delete
NAME	GRAHAM, GLORIA S	
STREET ADDRESS	118 W EVANS LN	
CITY-ST-ZIP	MANALAPAN FL 33462	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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:

William J. Graham, Jr. WILLIAM J. GRAHAM, JR.

2-29-2000 561-533-0303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #

CR2E034 (9/99)