

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 222077

1. Entity Name

SEA CREST APARTMENTS, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 23 PM 12: 50

Principal Place of Business Mailing Address  
1129 SEASIDE DR 1129 SEASIDE DR  
SARASOTA FL 34242 SARASOTA FLA 34242-2524

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 59-0860070

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

BONACORSI, EDWARD R.  
45 MIMOSA DRIVE  
SARASOTA FL 34232

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 PD  
NAME BONACORSI, ED  
STREET ADDRESS 45 MIMOSA DR.  
CITY-ST-ZIP SARASOTA FL ☐ Delete

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

TITLE  
NAME MORRISON, ROBERT  
STREET ADDRESS 3526 S. THREE B, S&K RD  
CITY-ST-ZIP GALENA OH ☐ Delete

TITLE DIRECTOR  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE TD  
NAME WRIGHT, CHARLES  
STREET ADDRESS 2080 GREENVIEW  
CITY-ST-ZIP ANN ARBOR MI ☐ Delete

TITLE  
NAME 700003149097  
STREET ADDRESS -02/28/00--01024--025  
CITY-ST-ZIP \*\*\*\*\*150.00 \*\*\*\*\*150.00 ☐ Change ☐ Addition

TITLE VD  
NAME ROBERT, RICCI  
STREET ADDRESS 7074 HORIZOUS CIR  
CITY-ST-ZIP WINDERMERE FL ☐ Delete

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

TITLE D  
NAME BOOKER, BERT  
STREET ADDRESS 7057 W. COUNTRY CLUB DR. N.  
CITY-ST-ZIP SARASOTA FL ☒ Delete

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

TITLE S  
NAME Tom Packer  
STREET ADDRESS 909 Old Town Rd.  
CITY-ST-ZIP Ocoee, WI 53066 ☐ Delete

TITLE SECRETARY  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition

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:

*Ed Bonacorsi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-2000  
Date

941-378-2001  
Daytime Phone #