

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90030 044 ****61.25

DOCUMENT # N03354

1. Entity Name

SEASCAPE CONDOMINIUM ASSOCIATION OF MANATEE, INC

Principal Place of Business

Mailing Address

**2033 MAIN ST
 SUITE 301
 SARASOTA FL 34237
 US**

**3135 GULF OF MEXICO DR
 APT 103
 LONGBOAT KEY FL 34228-2912
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2656917

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

**LOBECK, DANIEL J
 2033 MAIN ST
 SUITE 301
 SARASOTA FL 34237**

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

**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 **TD**
 NAME **SEMCHUK, PETER T.**
 STREET ADDRESS **2033 MAIN ST, SUITE 301**
 CITY-ST-ZIP **SARASOTA FL 34237**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **SD**
 NAME **ALBRIGHT, GEORGIANA**
 STREET ADDRESS **2033 MAIN ST, SUITE 301**
 CITY-ST-ZIP **SARASOTA FL 34237**

☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **PD**
 NAME **MASSIK, PAUL**
 STREET ADDRESS **2033 MAIN ST STE 301**
 CITY-ST-ZIP **SARASOTA FL 34237**

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)