## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # F51639** 1. Entity Name

SEYBOLD FINE ART, INC.

2750 VANESSA LN PLAM HARBOR FL 34684

## Principal Place of Business Mailing Address 2750 VANESSA LN PLAM HARBOR FL 34684-3948

Apr 17, 2000 8:00 am Secretary of State

04-17-2000 90053 033 \*\*\*150.00



2. Principal Place of Business  Suite, Apt. #, etc.		3	3. Mailing Address  Suite, Apt. #, etc.								
						DO NOT WRITE IN THIS SPACE  4. FEI Number 59-2143581 Applied For Not Applicable					
City & State			City & State		<b>4</b> . FI						
Zip	Country		Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required						
	6. Name and Address of Current Re		egistered Agent		7. Name and Address of New Registered Agent						
		·		Name			, , , , , , , , , , , , , , , , , , , ,		-		
HAGGITT, JOHN R 300 TURNER STREET CLEARWATER FL 34616				Street Addres	Street Address (P.O. Box Number is Not Acceptable)						
				City	ity FL Zip Code						
SIGNATURE .	Signature, typed or printed name of re			E: Registered Agent signature requ	uired when rein	nstating)		DATE			
, , , , , , , , , , , , , , , , , , , ,				!!! FEE IS \$150.00 000 Fee will be \$550.0 ble to Department of \$	State	Trust F	n Campaign Financi und Contribution.		Added	May Be to Fees	
11.		CERS AND DIR	ECTORS	12.	ADD	DITIONS/CH	ANGES TO OFFICER	S AND (	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEYBOLD, HARVEY L 2750 VANESSA LANE PALM HARBOR FL	JR	□ Delete	: TITLE : NAME : STREET ADDRESS : CITY-ST-ZIP					□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- , , <del>-</del>	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition	
TITLE			☐ Delete	TITLE			<del></del>		Change	Addition	

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.

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

☐ Delete

HARVEY

☐ Change

☐ Addition