

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 188594

1. Entity Name
SEACOAST UTILITIES, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90840 001 ***606.25

Principal Place of Business
4400 PGA BOULEVARD
SUITE 900
PALM BEACH GARDENS FL 33410
US

Mailing Address
4400 PGA BOULEVARD
SUITE 900
PALM BEACH GARDENS FL 33410
US

2. Principal Place of Business
3801 PGA BOULEVARD
Suite, Apt. #, etc.
SUITE 604

3. Mailing Address
3801 PGA BOULEVARD
Suite, Apt. #, etc.
SUITE 604

City & State
PALM BEACH GARDENS, FL

City & State
PALM BEACH GARDENS, FL

Zip
33410

Country
US

Zip
33410

Country
US

4. FEI Number
59-0773812

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COHEN, STEVEN
625 N. FLAGLER DRIVE
SUITE 700
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
MINTZ, JOSHUA
140 SOUTH DEARBORN ST.
CHICAGO IL 60603

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VTD
YANCHURA, MARC
140 SOUTH DEARBORN ST.
CHICAGO IL 60603

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
COHEN, STEVEN
625 N. FLAGLER DR.
CHICAGO IL 60603

☐ 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

S
COHEN, STEVEN
625 N. FLAGLER DR., SUITE 700
WEST PALM BEACH, FL 33401

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 another like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOSHUA J. MINTZ

04/27/00

Date

(312) 726-8000

Daytime Phone #

CR2E034 (9/99)