

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90142 040 \*\*\*\*61.25

**DOCUMENT # 749313**

1. Entity Name

**SANIBEL SEAVIEW CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

737 E. GULF DR.  
 P.O. BOX 625  
 SANIBEL FL 33957

P.O. BOX 100  
 SANIBEL FL 33957  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1901527**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JAMBECK, NICK**  
**703 TARPON BAY ROAD STE B**  
**SANIBEL FL 33957**

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          | <b>D</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>WARE, TOM</b>             |                                 |
| STREET ADDRESS | <b>8 CLICKADUE LANE</b>      |                                 |
| CITY-ST-ZIP    | <b>N OAKS MN</b>             |                                 |
| TITLE          | <b>PD</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>WASSON, FIELD</b>         |                                 |
| STREET ADDRESS | <b>737 E GULF DR</b>         |                                 |
| CITY-ST-ZIP    | <b>SANIBEL ISL, FL 00000</b> |                                 |
| TITLE          | <b>STD</b>                   | <input type="checkbox"/> Delete |
| NAME           | <b>HARRISON, DAVID</b>       |                                 |
| STREET ADDRESS | <b>737 E GULF DR</b>         |                                 |
| CITY-ST-ZIP    | <b>SANIBEL ISLAND FL</b>     |                                 |
| TITLE          | <b>VD</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>ROBERT SPROTTE</b>        |                                 |
| STREET ADDRESS | <b>737 E GULF DR</b>         |                                 |
| CITY-ST-ZIP    | <b>SANIBEL FL</b>            |                                 |
| TITLE          | <b>D Hammer (misspelled)</b> | <input type="checkbox"/> Delete |
| NAME           | <b>HAMPER, RICHARD</b>       |                                 |
| STREET ADDRESS | <b>737 E GULF # A3</b>       |                                 |
| CITY-ST-ZIP    | <b>SANIBEL FL 33957</b>      |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

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:**

*Field Wasson*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/2/02*

CR2E037 (9/01)