

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 199295

1. Entity Name
SEA TOWER APARTMENTS, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90217 050 ***150.00

Principal Place of Business
2840 NORTH OCEAN BLVD
FT. LAUDERDALE FL 33308

Mailing Address
2840 NORTH OCEAN BLVD
FT. LAUDERDALE FL 33308

2. Principal Place of Business
2840 N. Ocean Blvd.
Suite, Apt. #, etc.

3. Mailing Address
2840 N. Ocean Blvd.
Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

4. FEI Number 59-0830092

Applied For
Not Applicable

Zip Country
33308 USA

Zip Country
33308 USA

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

6. Name and Address of Current Registered Agent

GOLDSMITH, NANCY
2840 N. OCEAN BLVD
STE. 602
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name Gordon Foley
Street Address (P.O. Box Number is Not Acceptable) 2840 N. Ocean Blvd. #907
City Ft. Lauderdale, FL FL Zip Code 33308

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]*
Signature, typed or printed name of registered agent and title if applicable.

President 1/19/01

(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, 2001 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	P	FOLEY, GORDON 907	<input type="checkbox"/> Delete
NAME		2840 NORTH OCEAN BLVD.,	
STREET ADDRESS		FT. LAUDERDALE FL 33308	
CITY-ST-ZIP			
TITLE	V	FRANZOSA, DOROTHEA	<input checked="" type="checkbox"/> Delete
NAME		2840 NORTH OCEAN BLVD., #1002	
STREET ADDRESS		FT. LAUDERDALE FL 33308	
CITY-ST-ZIP			
TITLE	T	SCHULZE, MONIKA	<input type="checkbox"/> Delete
NAME		2840 NORTH OCEAN BLVD., #902	
STREET ADDRESS		FT. LAUDERDALE FL 33308	
CITY-ST-ZIP			
TITLE	SD	PEDDLE, ANNA	<input type="checkbox"/> Delete
NAME		2840 NORTH OCEAN BLVD., #909	
STREET ADDRESS		FT. LAUDERDALE FL 33308	
CITY-ST-ZIP			
TITLE	D	KNECHT, LORING	<input checked="" type="checkbox"/> Delete
NAME		2840 NORTH OCEAN BLVD., #304	
STREET ADDRESS		FT. LAUDERDALE FL 33308	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	M	Rigopoulos, Antonia	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2840 N. Ocean Blvd. #308	
STREET ADDRESS		Ft. Lauderdale, FL 33308	
CITY-ST-ZIP			
TITLE	M	Klee, Eckart	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2840 N. Ocean Blvd., #601	
STREET ADDRESS		Ft. Lauderdale, FL 33308	
CITY-ST-ZIP			
TITLE	M	Rojas, Robert	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2840 N. Ocean Blvd., #1102	
STREET ADDRESS		Ft. Lauderdale, FL 33308	
CITY-ST-ZIP			
TITLE	M	Carey, William	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2840 N. Ocean Blvd., #904	
STREET ADDRESS		Ft. Lauderdale, FL 33308	
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			

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: *[Signature]* Gordon Foley, President

1/20/01

954-566-2632

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)