

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90523 009 ***150.00

DOCUMENT # 200568

1. Entity Name

THE SEA HORSE BATH AND TENNIS CLUB, INC.

Principal Place of Business

**4001 N OCEAN BLVD
DELRAY BEACH FL 33483**

Mailing Address

**4001 N OCEAN BLVD
DELRAY BEACH FLA 33483**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0807976**

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

**STANLEY, CAROL M.
29 N.E. FOURTH AVENUE
% MACMILLEN, STANLEY & PURDO
DELRAY BEACH FL 33447**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **DAVIS, WILLIAM**
STREET ADDRESS **11061 MUSIC ST**
CITY-ST-ZIP **NEWBERRY OH**

TITLE **P/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **NEWBERRY OH 44065**

TITLE **D** ☒ Delete
NAME **JOHNSON, ANNE**
STREET ADDRESS **312 CLUBHOUSE RD**
CITY-ST-ZIP **WASHINGTON PA 15301**

TITLE **VP/D** ☐ Change ☒ Addition
NAME **DAVID M. CORDERMAN**
STREET ADDRESS **708 SPRUCE BROOK ROAD**
CITY-ST-ZIP **SOUTHBRAY, CT 06488**

TITLE **D** ☒ Delete
NAME **BUCKLEY, FRANCIS K**
STREET ADDRESS **1322 BRICKELL DR**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **S/D** ☐ Change ☒ Addition
NAME **KERI LEFEVER**
STREET ADDRESS **17318 INVERMERE AVENUE**
CITY-ST-ZIP **HUNTERSVILLE, NC 28078**

TITLE **D** ☒ Delete
NAME **ANDERSON, DORIS**
STREET ADDRESS **4001 N OCEAN BLVD**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **T/D** ☐ Change ☒ Addition
NAME **KELLY DOLAN**
STREET ADDRESS **11616 CLAYTON ROAD**
CITY-ST-ZIP **ST. LOUIS, MO 63131**

TITLE **P** ☒ Delete
NAME **HOOPES SAMUEL**
STREET ADDRESS **4001 N. OCEAN BLVD.**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **D** ☐ Change ☒ Addition
NAME **TIM EMERSON**
STREET ADDRESS **4550 30TH STREET, NW**
CITY-ST-ZIP **WASHINGTON, DC 20008**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Shirley M. Shea*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-276-4111

CR2E034 (10/00)