

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90177 019 ***150.00

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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**

90058132



☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
DAVIS, WILLIAM
11061 MUSIC ST
NEWBURY OH 44065** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
CORDERMAN, DAVID M
708 SPRUCE BROOK ROAD
SOUTHURY CT 06488** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
LEFEVER, KERI
17318 INVERMERE AVENUE
HUNTERSVILLE NC 28078** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
GERALD CHUACH
1030 S. FEDERAL HWY STE 112
DELRAY BEACH, FL 33483** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
DOLAN, KELLY
11616 CLAYTON ROAD
SAINT LOUIS MO 63131** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GRAHAM KASTENDIKE
40 HICKORY MEADOW ROAD
COCKEYSVILLE, MD 21030** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
EMERSON, TM
4550 30TH STREET NW
WASHINGTON DC 20008** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LORRAINE VIDAL
1044 MADISON AVENUE
NEW YORK, NY 10021** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 607, 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: *Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Manager

561-276-4111

Daytime Phone #

CR2E034 (10/02)