

DOCUMENT # 232713

1. Entity Name

SEAESCAPE ENTERTAINMENT, INC. ✓

Principal Place of Business

Mailing Address

3045 N. Federal Hwy.

3045 N. Federal Hwy.

FT. LAUDERDALE, FL 33306

FT. LAUDERDALE, FL 33306

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1028957

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JARVIS, JUDITH A

2701 W. OAKLAND PARK BLVD., Suite 230

FT. LAUDERDALE, FL 33311

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 printed name of registered agent and their address)

(NOTE: Registered Agent's signature required when terminating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. 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 NAME ☐ Delete

NAME V. ABELAIRAS, AMANCIO

STREET ADDRESS 6486 SW 9 ST.

CITY-STATE-ZIP MIAMI, FL 33144

TITLE NAME ☐ Delete

NAME P.D. BARRIS, AGUSTIN

STREET ADDRESS 7346 NW 8 ST.

CITY-STATE-ZIP MIAMI, FL 33125

TITLE NAME ☐ Delete

NAME S.D. ANDREWS, SUZETTE T.

STREET ADDRESS 7346 NW 8 ST

CITY-STATE-ZIP MIAMI FL 33125

TITLE NAME ☐ Delete

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE NAME ☐ Delete

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE NAME ☐ Delete

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE NAME ☐ Delete

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE NAME ☐ Change ☒ Add

NAME P.D. BAETZ, DOUGLAS R.

STREET ADDRESS 1260 E. OAKLAND PARK BLVD

CITY-STATE-ZIP FT. LAUDERDALE, FL 33334

TITLE NAME ☐ Change ☒ Add

NAME S.D. GALLANT, GLENN M.

STREET ADDRESS 1260 E. OAKLAND PARK BLVD.

CITY-STATE-ZIP FT. LAUDERDALE, FL 33334

TITLE NAME ☐ Change ☒ Add

NAME CHD Hofmeister, C. DEAN

STREET ADDRESS 3045 N. Federal Hwy.

CITY-STATE-ZIP FT. LAUDERDALE, FL 33306

TITLE NAME ☐ Change ☒ Add

NAME EVP. YASUKOCHI, Bruce

STREET ADDRESS 3045 N. Federal Hwy.

CITY-STATE-ZIP FT. LAUDERDALE, FL 33306

TITLE NAME ☐ Change ☐ Add

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Add

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Add

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(b), Florida Statutes. I further certify that the information included on this report or supplementary report is true and accurate and that my signature or all have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12, changed, or on an attachment with an address, with all of the above empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/00

DATE

954-453-3000

PH#

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90002 029 ***558.75

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DO NOT WRITE IN THIS SPACE