

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90054 010 \*\*\*150.00

0308694 AV

**DOCUMENT # 232713**

1. Entity Name

**SEAESCAPE ENTERTAINMENT, INC.**

Principal Place of Business

**3045 N FEDERAL HWY  
FORT LAUDERDALE FL 33306  
US**

Mailing Address

**3045 N FEDERAL HWY  
FORT LAUDERDALE FL 33306  
US**

2. Principal Place of Business

**3045 NORTH FEDERAL HIGHWAY**

Suite, Apt. #, etc.

**THE LANDMARK BLDG.**

3. Mailing Address

**3045 NORTH FEDERAL HIGHWAY**

Suite, Apt. #, etc.

**THE LANDMARK BLDG.**

City & State

**FORT LAUDERDALE FL 33306**

City & State

**FORT LAUDERDALE FL 33306**

4. FEI Number

**65-1028957-59-0938531**

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

**JARVIS, JUDITH A  
2701 W. OAKLAND PARK BLVD.  
SUITE 230  
FT. LAUDERDALE FL 33311**

7. Name and Address of New Registered Agent

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, 2002 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 **PD** ☐ Delete  
NAME **BAETZ, DOUGLAS R**  
STREET ADDRESS **1260 E OAKLAND PARK BLVD**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

TITLE **SD** ☐ Delete  
NAME **GALLANT, GLENN M**  
STREET ADDRESS **1260 E OAKLAND PARK BLVD**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

TITLE **CHD** ☐ Delete  
NAME **HOFMEISTER, C D**  
STREET ADDRESS **1260 E OAKLAND PARK BLVD**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

TITLE **EVP** ☒ Delete  
NAME **YASUKOCHI, BRUCE**  
STREET ADDRESS **3045 N FEDERAL HWY**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33306**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **S,EVP,T,D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **3045 N FEDERAL HWY**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33306**

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

TITLE ☐ Change ☐ Addition  
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 of 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:**

**DOUGLAS R. BAETZ**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DOUGLAS R. BAETZ**

**3-15-02**

**(954) 453-2200**

Date

Daytime Phone #

CR2E034 (9/01)