

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 331323

1. Entity Name

SEA CLIFF BY THE SEA, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90183 002 ***150.00

Principal Place of Business

Mailing Address

4334 EAST TRADEWINDS
LAUDERDALE BY THE SEA FL 33308

4334 EAST TRADEWINDS
LAUDERDALE BY THE SEA FL 33308-5010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1215965

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

MYATT, FRANK
4334 EAST TRADEWINDS
LAUDERDALE BY THE SEA FL 33308

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, 2000 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 **P** ☒ Delete
NAME **SORENSEN, EVERETT**
STREET ADDRESS **4334 W. TRADEWINDS**
CITY-ST-ZIP **LAUDERDALE BY THE SEA FL 33308**

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

TITLE **STD** ☐ Delete
NAME **MYATT, FRANK**
STREET ADDRESS **4334 E. TRADEWINDS AVENUE**
CITY-ST-ZIP **LAUDERDALE BY THE SEA FL 33308**

TITLE **PSTD** ☒ Change ☐ Addition
NAME **MYATT, FRANK**
STREET ADDRESS **4334 E. TRADEWINDS AVENUE**
CITY-ST-ZIP **LAUDERDALE BY THE SEA, FL 33308-5010**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/00

954-491-5289

Date

Daytime Phone #

CR2E034 19/99