

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710260

1. Entity Name

SEA CASTLE ASSOCIATION INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90086 047 ****61.25

Principal Place of Business

Mailing Address

1001-1019 SEASIDE DRIVE
SARASOTA FL 34242

1001-1019 SEASIDE DRIVE
SARASOTA FLA 34242

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number-

59-0830089

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

NELSON, DALE
1003 SEASIDE DRIVE
SARASOTA FL 34242

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ VP ☐ Delete
NAME RYAN, PENNY
STREET ADDRESS 1011 SEASIDE DR
CITY-ST-ZIP SARASOTA FL

TITLE ☐ Change ☐ Addition
NAME DALE NELSON
STREET ADDRESS 1003 Seaside Dr
CITY-ST-ZIP Sarasota, FL 34242

TITLE ☒ VP ☐ Delete
NAME THOM, NELSON
STREET ADDRESS 1003 SEASIDE DR
CITY-ST-ZIP SARASOTA FL 34242

TITLE ☐ Change ☒ Addition
NAME RON Wallen
STREET ADDRESS 1017 Seaside Dr.
CITY-ST-ZIP Sarasota, FL 34242

TITLE ☐ Delete
NAME HARRISON, CLARK
STREET ADDRESS 1015 SEASIDE DR
CITY-ST-ZIP SARASOTA, FL 00000

TITLE ☐ Change ☒ Addition
NAME orville Clark
STREET ADDRESS 1013 Seaside Dr
CITY-ST-ZIP SARASOTA, FL 34242

TITLE ☒ VP ☐ Delete
NAME AMAN, WILLIAM
STREET ADDRESS 1001 SEASIDE DRIVE
CITY-ST-ZIP SARASOTA, FL 00000

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

TITLE ☐ Delete
NAME PASKET, IRMGARD
STREET ADDRESS 1019 SEASIDE DR
CITY-ST-ZIP SARASOTA, FL 00000

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

TITLE ☐ Delete
NAME RASH, LILLIAN S
STREET ADDRESS 1009 SEASIDE DR
CITY-ST-ZIP SARASOTA, FL 00000

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

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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)