

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90638 050 *****61.25

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DOCUMENT # 725178

1. Entity Name

SEASCAPE OF JACKSONVILLE BEACH CONDOMINIUM ASSOCIATION INC

Principal Place of Business

**1601 OCEAN DRIVE SOUTH
JACKSONVILLE BEACH FL 32250**

Mailing Address

**1601 OCEAN DRIVE SOUTH
JACKSONVILLE BEACH FL 32250**

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 **59-1533704**

Applied For

Not Applicable

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

**COGBURN, A. FAYE
1601 OCEAN DR., S. # 1008
JACKSONVILLE BCH. FL 32250**

Name

Street Address (P.O. Box Number is Not Acceptable)

SAME

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 **ID** ☒ Delete
NAME **LEVIN, GEORGE**
STREET ADDRESS **1601 OCEAN DR S., #702**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **ID** ☐ Change ☒ Addition
NAME **Chris Lanham**
STREET ADDRESS **1601 Ocean Drive South #503**
CITY-ST-ZIP **Jacksonville Beach, Fl. 32250**

TITLE **VPD** ☐ Delete
NAME **SEAMAN, OLIVIA**
STREET ADDRESS **1601 OCEAN DRIVE S., #509**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

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

TITLE **PD** ☐ Delete
NAME **ENDERS, LAWRENCE**
STREET ADDRESS **1601 OCEAN DR S SUITE 205**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

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

TITLE **SD** ☐ Delete
NAME **COGBURN, A.FAYE**
STREET ADDRESS **1601 OCEAN DR S. #1008**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

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

TITLE **D** ☐ Delete
NAME **ROBERTSON, DALRAY**
STREET ADDRESS **1601 OCEAN DR S., 509**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **X** *A. Faye*

3/19/02 904 249 3861

CR2E037 (9/01)