

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State
 05-10-2002 90032 008 ****61.25

DOCUMENT # 730107

1. Entity Name

SEA EAGLE CLUB, INC.

Principal Place of Business

ATTN: LIONEL HEDDY. #209
 1666 OSPREY AVENUE
 NAPLES FL 34102
 US

Mailing Address

ATTN: LIONEL HEDDY. #209
 1666 OSPREY AVENUE
 NAPLES FL 34102
 US

2. Principal Place of Business

3. Mailing Address

90 GULF VIEW PROPERTY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2335 9th ST. So. #504

City & State

NAPLES FL

Zip

Country

34103

Country

COLLIER

4. FEI Number

59-1652472

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

HEDDY, LIONEL
 1666 OSPREY AVENUE
 #209
 NAPLES FL 34102-3487

Name
 GULF VIEW PROPERTY MGMT.

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

2335 9th ST. No. #504

City
 NAPLES

FL

34103

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 NAME	PD BAKER, GREG	☒ Delete
STREET ADDRESS	1666 OSPREY AVE	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE NAME	VD WILLIAMS, MARNEY	☐ Delete
STREET ADDRESS	1666 OSPREY AVE	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE NAME	S FEDERER, ARMIDA	☐ Delete
STREET ADDRESS	1666 OSPREY AVE	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE NAME	TD BERLAM, BOB	☐ Delete
STREET ADDRESS	1666 OSPREY AVE	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE NAME	D CATELOTTI, VINCENT	☒ Delete
STREET ADDRESS	1666 OSPREY AVE	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	D SCOTT BRICKLEY	☐ Change ☒ Addition
STREET ADDRESS	1666 OSPREY AVE	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE NAME	P/D	☒ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	S/D	☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	T/D	☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VP/D EDWARD EFFEL	☐ Change ☒ Addition
STREET ADDRESS	1666 OSPREY AVE	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE NAME		☐ Change ☐ Addition
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: *Robert Berlam* **ROBERT BERLAM TREAS. 10 APR 02 239-417-0062**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)