

2000 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Apr 24, 2000 8:00 am
Secretary of State

01-26-2000 90052 050 ****61.25

DOCUMENT # 742503

1. Entity Name

SEA CLUB II HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5955 MIDNIGHT PASS ROAD
SARASOTA FL 34242

5955 MIDNIGHT PASS ROAD
SARASOTA FL 34242-8707

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1873189

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

CLARK, WILLIAM D
479 ALBEE FARM ROAD
VENICE FL 34292

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 PD
NAME O'REILLY, FRANCIS C
STREET ADDRESS 448 LOIS DRIVE
CITY-ST-ZIP PITTSBURGH PA ☐ Delete

TITLE SD
NAME MALOY, MICHEAL
STREET ADDRESS 1145 AVON ROAD
CITY-ST-ZIP SCHNECTADY NY ☒ Delete

TITLE SD
NAME NUTTLE, TED
STREET ADDRESS 2401 STANNYE CT
CITY-ST-ZIP LOUISVILLE KY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE C.A.M.
NAME Pamela Ann Bissett
STREET ADDRESS 5955 Midnight Pass Rd.
CITY-ST-ZIP Sarasota, Fla. 34242-8707 ☐ Change ☒

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

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

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CITY-ST-ZIP ☐ Change ☐

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Pamela Ann Bissett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-00

Date

Daytime Phone #