

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90007 050 ****70.00

DOCUMENT # 745524

1. Entity Name

SEAGULL INDUSTRIES FOR THE DISABLED, INC.

Principal Place of Business

Mailing Address

3879 W INDUSTRIAL WAY
 RIVIERA BCH FL 33404
 US

3879 W INDUSTRIAL WAY
 RIVIERA BCH FL 33404
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1879968

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EISINGER, ALFRED N
13763 ALDSWORTH CT.
WELLINGTON FL 33414

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	P	<input type="checkbox"/> Delete
NAME	DWYER, TOM	
STREET ADDRESS	925 N LOXAHATCHEE DRIVE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DOLBOW, KATHY	
STREET ADDRESS	3044 S MILITARY TR	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	S	<input type="checkbox"/> Delete
NAME	WEAVER, KATHLEEN	
STREET ADDRESS	1555 PB LAKE BLVD	
CITY-ST-ZIP	W PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOWE, SUSAN	
STREET ADDRESS	4803 GEORGIA AVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KULP, ROBERT	
STREET ADDRESS	763 TRADEWIND DR	
CITY-ST-ZIP	N PALM BCH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LAVELLE, PAT	
STREET ADDRESS	1943 NEW HAVEN AVE	
CITY-ST-ZIP	WELLINGTON FL 33414	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS A. SHEEHAN, III	
STREET ADDRESS	625 N. FLAGLER DR.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33404	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATIE KIRK	
STREET ADDRESS	926 S.W. 37th COURT	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Susan Lowe* **SUSAN LOWE** 1/7/01 561-842-5814x131
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)