

**2000 UNIFORM BUSINESS REPORT (UBR)**

2/2!

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90137 048 \*\*\*\*61.25

**DOCUMENT # 749139**

1. Entity Name

**SOUTH SEAS NORTHWEST CONDOMINIUM APARTMENTS OF M**

Principal Place of Business

Mailing Address

380 SEAVIEW CT  
 MARCO ISLAND FL 34145  
 US

380 SEAVIEW CT  
 MARCO ISLAND FL 34145-2915

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

**59-2513174**

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

**GRIFFITH, PAUL**  
 380 SEAVIEW CT #206  
 MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name **Dale Cook**  
 Street Address (P.O. Box Number is Not Acceptable)  
**380 Seaview Court #1911**  
 City **Marco Island** FL Zip Code **34145**

8. The above named entity submits this statement for the purpose of changing its registered office of 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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BELLER, HERB</b>	
STREET ADDRESS	<b>4926 GOULETTE POINT</b>	
CITY-ST-ZIP	<b>NEW BALTIMORE MI 48047</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BUSSEY, JOYCE</b>	
STREET ADDRESS	<b>SERPENTINE DRIVE PO BOX 305</b>	
CITY-ST-ZIP	<b>NAVESINK NJ 07752</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HEPP, MARIE</b>	
STREET ADDRESS	<b>440 SEAVIEW CT #912</b>	
CITY-ST-ZIP	<b>MARCO ISLAND, FL 00000 34145</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PRATICO, PAUL</b>	
STREET ADDRESS	<b>3537 E 1200 N</b>	
CITY-ST-ZIP	<b>ROANOKE IN 46783</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>DINO, JANIS</b>	
STREET ADDRESS	<b>314 ST. ANDREWS DRIVE</b>	
CITY-ST-ZIP	<b>WOOD DALE IL 60191</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PAZDERKA, ROB</b>	
STREET ADDRESS	<b>5221 N. SADDLEROCK</b>	
CITY-ST-ZIP	<b>PHOENIX AZ 85018</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Roland Stibling</b>	
STREET ADDRESS	<b>21242 Pheasant Trail</b>	
CITY-ST-ZIP	<b>Deer Park, IL 60010</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Mary Ann Holan</b>	
STREET ADDRESS	<b>195 N. Harbor Drive # 2003</b>	
CITY-ST-ZIP	<b>Chicago, IL 60601</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Tom Dawber</b>	
STREET ADDRESS	<b>378 Wales Court</b>	
CITY-ST-ZIP	<b>Marco Island, FL 34145</b>	

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 REQUIRED**

Date

Daytime Phone #