

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763242

1. Entity Name

SEA OATS IMPROVEMENT ASSOCIATION, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90028 012 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P O BOX 31  
SANIBEL FL 33957

P O BOX 31  
SANIBEL FL 33957-0031

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2800432

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

BESTON, RICHARD  
595 SEA OATS DR  
SANIBEL FL 33957

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 ☐ Delete  
NAME BESTON, RICHARD  
STREET ADDRESS 595 SEA OATS DR  
CITY-ST-ZIP SANIBEL FL

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

TITLE VP ☐ Delete  
NAME MORLEY, JOHN  
STREET ADDRESS 604 SEA OATS DR  
CITY-ST-ZIP SANIBEL FL

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

TITLE TD ☐ Delete  
NAME PICKLES, MARYANN  
STREET ADDRESS 610 HIDEAWAY CT  
CITY-ST-ZIP SANIBEL FL

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

TITLE SD ☐ Delete  
NAME BESTON, EDNA MAE  
STREET ADDRESS 595 SEA OATS DRIVE  
CITY-ST-ZIP SANIBEL FL

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

TITLE CD ☒ Delete  
NAME KLEINBERG, HARTLEY  
STREET ADDRESS 475 SEA OATS DR  
CITY-ST-ZIP SANIBEL FL

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

TITLE D ☒ Delete  
NAME SIMON, DENNIS  
STREET ADDRESS 556 SEA OATS DR  
CITY-ST-ZIP SANIBEL FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/16/00

(941) 385-2837

CR2E037 (9/99)