

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 763242**

1. Entity Name

SEA OATS IMPROVEMENT ASSOCIATION, INC.**FILED**
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90028 006 ****61.25

Principal Place of Business

P O BOX 31
SANIBEL FL 33957

Mailing Address

P O BOX 31
SANIBEL FL 33957

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

59-2800432

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

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 \$61.259. 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	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	PD	BESTON, RICHARD	595 SEA OATS DR	SANIBEL FL	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	VP	MORLEY, JOHN	604 SEA OATS DR	SANIBEL FL	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	TD	PICKLES, MARYANN	610 HIDEAWAY CT	SANIBEL FL	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	SD	BESTON, EDNA MAE	595 SEA OATS DRIVE	SANIBEL FL	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

John A. Morley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/01

Date

(941) 395-2837

Daytime Phone #

CR2E037 (10/00)