

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2003 8:00 am**  
**Secretary of State**

07-31-2003 90067 043 \*\*\*\*61.25

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**DOCUMENT # 767162**

1. Entity Name

SEASIDE INSTITUTE, INC.



Principal Place of Business

30 SMOLIAN CR/ 2ND FL  
P.O. BOX 4730  
SEASIDE FL 32459

Mailing Address

PO BOX 4730  
SEASIDE BRANCH  
SEASIDE FL 32459

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 **59-2347213**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BLEIWEIS, PHYLLIS  
30 SMOLIAN CIRCLE  
SEASIDE FL 32459

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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**  
**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME DAVIS, ROBERT S.  
STREET ADDRESS 204 SEASIDE AVE.  
CITY-ST-ZIP SEASIDE FL ☐ Delete

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

TITLE D  
NAME DOWLER, DAVID  
STREET ADDRESS 3009 MAPLE AVE APT 212  
CITY-ST-ZIP DALLAS TX 75201 ☐ Delete

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

TITLE T  
NAME MARX, MORRIS UWF  
STREET ADDRESS 11000 UNIVERSITY PARKWAY  
CITY-ST-ZIP PENSACOLA FL 32514-5750 ☐ Delete

TITLE D  
NAME marx, morris  
STREET ADDRESS same Address ☒ Change ☐ Addition

TITLE C  
NAME SCRUGGS, PHYLLIS  
STREET ADDRESS WADDELL & ASSOC, 5188 WHEELIS DR  
CITY-ST-ZIP MEMPHIS TN 38117 ☐ Delete

TITLE D  
NAME Scruggs, Phyllis  
STREET ADDRESS same address ☒ Change ☐ Addition

TITLE D  
NAME BLEIWEIS, PHYLLIS  
STREET ADDRESS 119 WIND SPRAY CT  
CITY-ST-ZIP SANTA ROSA BEACH FL 32459 ☐ Delete

TITLE C  
NAME Ester Abberger  
STREET ADDRESS P.O. Box 1168  
CITY-ST-ZIP Tallahassee, FL 32302-1168 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)