

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 18, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # 810346**1. Entity Name  
**THE SEA CLUB**

Principal Place of Business	Mailing Address
1221 HILLSBORO MILE	1221 HILLSBORO MILE
HILLSBORO BEACH FL 33062	HILLSBORO BEACH FL 33062

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City &amp; State City &amp; State

Zip Country Zip Country

4. FEI Number  
**59-0754805**Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****MORRISON JOHN FJR**  
1221 HILLSBORO MILE 17B  
  
HILLSBORO BCH FL  
33062**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.

SIGNATURE **JOHN F. MORRISON JR.****04/18/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	PD	<input type="checkbox"/> Delete
NAME	BOUTET RONALD	
STREET ADDRESS	551 FERRY RD.	
CITY-ST-ZIP	SACO ME 04072	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DELP MARGARET	
STREET ADDRESS	1221 HILLSBORO MILE APT 29C	
CITY-ST-ZIP	HILLSBORO BEACH FL 33062	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PERRELLI PAT	
STREET ADDRESS	253 BRAESIDE DR.	
CITY-ST-ZIP	HAMDEN CT 06514	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	MORRISON JOHN F JR	
STREET ADDRESS	1221 HILLSBORO MILE, #17B	
CITY-ST-ZIP	HILLSBORO BEACH FL 33062	
TITLE	S	<input type="checkbox"/> Delete
NAME	LAZOWSKI ALICE	
STREET ADDRESS	1221 HILLSBORO MILE APT 28C	
CITY-ST-ZIP	HILLSBORO FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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	<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	<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)(f), 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 F. Morrison Jr.**

VPT

04/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dwelling Phone #

CR2E037 (11/00)