

# 2002 UNIFORM BUSINESS REPORT (UBR)

0012805 AT

DOCUMENT # A01000001573

1. Entity Name

SEAGRASS HOLDINGS, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR -4 AM 11:49

62 3/2

Principal Place of Business

11452 SEAGRASS CIRCLE  
BOCA RATON FL 33498

Mailing Address

11452 SEAGRASS CIRCLE  
BOCA RATON FL 33498



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

22-3844316

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

CHATTERTON, ADRIANE  
11452 SEAGRASS CIRCLE  
BOCA RATON FL 33498

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.

DATE

9. Capital Contributions  
as Shown on record.

\$990.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$990.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME THE ADRIANE CHATTERTON REVOCABLE TRUST  
STREET ADDRESS 11452 SEAGRASS CIRCLE  
CITY-ST-ZIP BOCA RATON FL 33498

STREET ADDRESS

CITY-ST-ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Adriane Chatterton

2/28/02

561-852-9138

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)