

# 2004 UNIFORM BUSINESS REPORT (UBR)

0020482 SP

DOCUMENT # **A15357**

1. Entity Name

**SEABULK AMERICA PARTNERSHIP, LTD.**

Principal Place of Business

P.O. BOX 13038

2200 ELLER DR

FORT LAUDERDALE FL 33316

Mailing Address

2200 ELLER DR.

LEGAL DEPARTMENT

FORT LAUDERDALE FL 33316-0100

**FILED**

01 APR 13 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2324484**

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

~~KINSEY, WALTON S JR.~~

2200 ELLER DR.

BLDG. 27

FT. LAUDERDALE FL 33316

Name

**ALAN R. TWAITS**

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

*Alan R. Twaits*

**ALAN R. TWAITS**

**3/27/01**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$2,376,767.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

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 # **A02063**  
NAME **SEABULK TANKERS, LTD.**  
STREET ADDRESS **2200 ELLER DRIVE, P.O. BOX 13038**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**400004036244--0**

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STREET ADDRESS

CITY-ST-ZIP

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

**STEPHEN B. FINCH, VP+SEC.**

SIGNATURE:

*Stephen B. Finch*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3/28/01**

Date

**954**

**524-4200**

Daytime Phone #

CR2E003 (11/00)