

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F08832

1. Entity Name

SEAGROVE ON THE BEACH REALTY, INC.

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90060 025 \*\*\*150.00

Principal Place of Business

Mailing Address

3010 S CTY HWY 395  
SEAGROVE BEACH FL 32459  
US

3010 S CTY HWY 395  
SANTA ROSA BCH FL 32459  
US

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 **59-2054014**

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

CRAWFORD, MARGARET  
3010 S CTY HWY 395  
SEAGROVE BEACH FL 32459

Name **DONNA CRAWFORD**  
Street Address (P.O. Box Number is Not Acceptable)  
**3010 S. COUNTY HWY 395**  
City **SEAGROVE BEACH** FL Zip Code **32459**

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

*President*  
(NOTE: Registered Agent signature required when reinstating)

*4-3-00*  
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ Delete  
NAME **CRAWFORD, MARGARET**  
STREET ADDRESS **3010 S CTY HWY 395**  
CITY-ST-ZIP **SEAGROVE BEACH FL 32459**

TITLE **SEC/TREAS.** ☒ Change ☐ Addition  
NAME **MARGARET, CRAWFORD**  
STREET ADDRESS **3010 S. CO. HWY 395**  
CITY-ST-ZIP **SEAGROVE BEACH, FL. 32459**

TITLE **VS** ☐ Delete  
NAME **MCGEE, LINDA**  
STREET ADDRESS **2734 E CO HWY, 30-A**  
CITY-ST-ZIP **SEAGROVE BEACH FL 32459**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PRES.** ☐ Change ☒ Addition  
NAME **DONNA CRAWFORD**  
STREET ADDRESS **3010 S. CO. HWY 395**  
CITY-ST-ZIP **SEAGROVE BEACH, FL. 32459**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donna Crawford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-3-00* (850) 231-4205  
Date Daytime Phone #