

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F08832**

1. Entity Name

SEAGROVE ON THE BEACH REALTY, INC.

Principal Place of Business

**3010 S CTY HWY 395
SEAGROVE BEACH FL 32459
US**

Mailing Address

**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****CRAWFORD, DONNA
3010 S CTY HWY 395
SEAGROVE BEACH 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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**

TITLE	ST	<input type="checkbox"/> Delete
NAME	CRAWFORD, MARGARET	
STREET ADDRESS	3010 S CTY HWY 395	
CITY-ST-ZIP	SEAGROVE BEACH FL 32459	

TITLE	VS	<input type="checkbox"/> Delete
NAME	MCGEE, LINDA	
STREET ADDRESS	2734 E CO HWY, 30-A	
CITY-ST-ZIP	SEAGROVE BEACH FL 32459	

TITLE	P	<input type="checkbox"/> Delete
NAME	CRAWFORD, DONNA	
STREET ADDRESS	3010 S CO HWY 395	
CITY-ST-ZIP	SEAGROVE FL 32459	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *X Donna Crawford*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-01 (850) 231-4205**FILED
Jan 11, 2001 8:00 am
Secretary of State**

01-11-2001 90014 026 ***150.00

00002375

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)