

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000005918

1. Entity Name
SEAPORT STEVEDORING CO. (LOUISIANA), INC.

Principal Place of Business
6002 COMMERCE BLVD.
GARDEN CITY FL 31408

Mailing Address
P.O. BOX 3147
SAVANNAH GA 31402

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

9. 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 date if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

10. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐ FILE NOW!!! FEE IS \$350.00 After September 12, 2001 Fee will be \$750.00 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 NAME S ELTON, CHERYL C
STREET ADDRESS 6002 COMMERCE BLVD
CITY-ST-ZIP GARDEN CITY GA 31408 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 100004688191-1-8
CITY-ST-ZIP -11/18/01-01103-008

TITLE NAME T CAWTHON, VERNON W JR
STREET ADDRESS 6002 COMMERCE BLVD.
CITY-ST-ZIP GARDEN CITY GA 31408 ☒ Delete

TITLE NAME T Fonseca, Jr., C. Clinton
STREET ADDRESS 6002 Commerce Blvd.
CITY-ST-ZIP Garden City, GA 31408 ☐ Change ☒ Addition

TITLE NAME D GROVES, ROBERT W III
STREET ADDRESS 6002 COMMERCE BLVD.
CITY-ST-ZIP GARDEN CITY GA 31408 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

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 approvals.

SIGNATURE: *Robert W. Groves*

8-30-01 912966-5200

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

01 OCT 19 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09/18/01 90081-034 \$150.00

4. FEI Number 59-3274408 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

FL

Zip Code

100004688191-1-8

-11/18/01-01103-008

80.00 ***400.00