

6000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001470

Entity Name

SEBASTIAN INTERNATIONAL ENTERPRISES, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90015 039 ***150.00

Principal Place of Business
101 Delk Road
Longwood, FL 32779

Mailing Address
1101 Delk Road
Longwood, FL 32779

Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Lynn Cole, Receiver
Suite, Apt. #, etc.
201 N. Franklin St. STE 2556
City & State
Tampa, FL
Zip
33602

4. FEI Number
88-0151229

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
Ferd B. Sebastian, III
1101 Delk Rd.
Longwood, FL 32779

7. Name and Address of New Registered Agent
Name
Lynn Cole, Receiver for Sebastian Int'l
Street Address (P.O. Box Number Is Not Acceptable)
201 N. Franklin St., Ste. 2556
One Tampa City Center Bldg.
City
Tampa
FL
Zip Code
33602

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:  Lynn Cole, Receiver for Sebastian Int'l. April 27, 2000
(NOTE: Registered Agent signature required when reinstating)


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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ST ZIP	D Ferd B. Sebastian, III 1101 Delk Rd. Longwood, FL 32779 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lynn Cole, Receiver <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition One Tampa City Center Bldg. 201 N. Franklin St., Ste. 2556 Tampa, FL 33602 <input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
ST ZIP	D Jan L. Sebastian 1101 Delk Rd. Longwood, FL 32779 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
ST ZIP	D Darrell J. Guilbeaux 123 Sheridan Court Longwood, FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

3. 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:  Lynn Cole, Receiver for Sebastian International Enterprises, Inc. 4/27/00 (813) 223-7950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)