

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G06990

1. Entity Name

SEA CASTLE MOTEL, INCORPORATED

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90013 001 ***150.00

Principal Place of Business

Mailing Address

10750 GULF BLVD
TREASURE ISLAND FL 33706

10750 GULF BLVD
TREASURE ISLAND FL 33706

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 22-2424971

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

SIMONE, STEPHEN CPA
6439 CENTRAL AVENUE
ST PETERSBURG FL 33710

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, 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 D
NAME LEDBROOKE, SIMON
STREET ADDRESS NO 3 THE SPINNEY RINGLEY RD
CITY-ST-ZIP WHITEFIELD MA

TITLE PD
NAME WEBB, MICHAEL
STREET ADDRESS HOME FARM, EAST LODGE, NEEDWOOD
CITY-ST-ZIP BURTON-ON-TRENT EN

TITLE ST
NAME CLIFFORD, PETER
STREET ADDRESS BLUNSDON HOUSE HOTEL
CITY-ST-ZIP SWINDON EN

TITLE
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CITY-ST-ZIP

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/00 1-727-341-027
Date Daytime Phone #