

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G64475**

1. Entity Name

SEASIDE SAILING, INC.**FILED**
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90252 027 ***150.00

Principal Place of Business

**1043 LABAT LN
CUDJOE KEY FL 33042
US**

Mailing Address

**1043 LABAT LN
CUDJOE KEY FL 33042
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFI Number

59-2341153

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

**MAIER, DOROTHY V.
1520 SOUTHEAST THIRD AVE
FT. LAUDERDALE FL 33316**

Name

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

City

State

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 the filer acceptable)

(NOTE: Registered Agent signature required when re-registering)

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 State10. 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
STREET ADDRESS
CITY-STATE-ZIP**P
CROCKETT, RONALD
2643 KEY LARGO LN.
FT. LAUDERDALE FL**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
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CITY-STATE-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ 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 duly empowered.

SIGNATURE

*Ronald Crockett***RONALD CROCKETT, PRES.**

Date

4/27/01 (305) 744-0190

Filing Fee Paid

CR2E034 (10/00)