

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90912 001 ***211.25

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # G93297			
1. Entity Name SEA OAKS BEACH & TENNIS CLUB, INC.			
Principal Place of Business 1235 WINDING OAKS CIRCLE VERO BEACH, FL 32963		Mailing Address 1235 WINDING OAKS CIRCLE VERO BEACH, FL 32963	
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 58-2492496	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUMBERG, JOHN C P.A. 200 SOUTH BISCAYNE BLVD SUITE 2600 MIAMI, FL 33131		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent must be typewritten. (NOTE: Registered Agent Signature required when changing.) DATE _____			
FILE NOW WITH FEE IS \$150.00. As of May 1, 2003 Fee will be \$550.00. Make Check Payable to Florida Department of State.			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MEUNIER, JEAN-MARC	NAME	
STREET ADDRESS	2665 SO. BAYSHORE DRIVE #J12	STREET ADDRESS	
CITY-STATE-ZIP	COCONUT GROVE, FL 33133	CITY-STATE-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FAZILLEAU, ERIC	NAME	
STREET ADDRESS	2665 SO. BAYSHORE DRIVE #102	STREET ADDRESS	
CITY-STATE-ZIP	COCONUT GROVE, FL 33133	CITY-STATE-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GIEBEL, GOERGE	NAME	
STREET ADDRESS	2665 SO. BAYSHORE DRIVE #102	STREET ADDRESS	
CITY-STATE-ZIP	COCONUT GROVE, FL 33133	CITY-STATE-ZIP	
TITLE	ST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KWIAT, ANDREW	NAME	
STREET ADDRESS	2665 SO. BAYSHORE DRIVE #102	STREET ADDRESS	
CITY-STATE-ZIP	COCONUT GROVE, FL 33133	CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block 11 if changed, or on an attachment with an affidavit, unless I am otherwise empowered.			
SIGNATURE: _____		4/30/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Corporate Phone #	

CH0304 (10/02)