

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H02320

1. Entity Name

ED SEAY, INC.

Principal Place of Business

574 PONTE VEDRA BLVD.  
PONTE VEDRA, FL 32082-2316

Mailing Address

574 PONTE VEDRA BLVD.  
PONTE VEDRA, FL 32082-2316

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

STREETER, DEBORAH L  
574 PONTE VEDRA BLVD  
PONTE VEDRA FL 32082

7. Name and Address of New Registered Agent

Name

Deborah L. Thode

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

574 Ponte Vedra Blvd

City

Ponte Vedra

FL

Zip Code

32082

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

Deborah L. Thode

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-25-00

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

TITLE	ST	<input type="checkbox"/> Delete
NAME	STREETER, DEBORAH L	
STREET ADDRESS	574 PONTE VEDRA BLVD.	
CITY-ST-ZIP	PONTE VEDRA FL 32082	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SEAY, EDWIN B.	
STREET ADDRESS	574 PONTE VEDRA BLVD.	
CITY-ST-ZIP	PONTE VEDRA FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deborah L. Thode	
STREET ADDRESS	574 Ponte Vedra Blvd.	
CITY-ST-ZIP	Ponte Vedra FL 32082	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Deborah L. Thode

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-25-00

Daytime Phone #

904/285-3960

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90167 011 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2403422

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional Fee Required

CR2E034 (9/99)