2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State
02-01-2000 90061 047 ***150.00

DOCUMENT # H77698

1. Entity Name

SEABOARD ARBORS MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
1700 MCMULLEN BOOTH RD.. STE. C-3 CLEARWATER FL 33759	1700 MCMULLEN BOOTH RD.. STE. C-3 CLEARWATER FL 33759-2129

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

c\o SEABOARD ARBORS
MANAGEMENT SVC, INC
2189 CLEVELAND STREET
SUITE 225
CLEARWATER, FL 33765
US

SEABOARD ARBORS MANAGEMENT
2189 CLEVELAND ST. STE. 225
CLEARWATER FL 33765
US

4. FEI Number 59-2581021 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHRIS D. HOELLE
1700 MCMULLEN BOOTH ROAD
SUITE C3
CLEARWATER FL 34619

7. Name and Address of New Registered Agent

SEABOARD ARBORS MANAGEMENT
2189 CLEVELAND ST. STE. 225
CLEARWATER FL 33765
US

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	STD WARD, JACOB B. 3388 WAYNE AVENUE BRONX NY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DOMBER,MATTHEW J 6121 PALMA DEL MAR #128 ST. PETERSBURG FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS HOELLE, CHRIS D. 4012 BRAESGATE LANE TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LEIGHTON, LENNARD A 2951 SWEETGUM WAY S. CLEARWATER FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-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 like empowered.

SIGNATURE: SIGNATURE REQUIRED Matthew J. Domber 1/26/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #