

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**  
 09-13-2000 90018 009 \*\*\*550.00

DOCUMENT # **K33745**

1. Entity Name  
**SEA RANCH LAKES TRAVEL, INC.**

Principal Place of Business  
**4747 N. OCEAN DR.**  
**SUITE 214**  
**FT LAUD FL 33308**

Mailing Address  
**4747 N OCEAN BLVD**  
**STE 214**  
**FT LAUD FL 33308**  
**US**

Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0082575** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**WALSH, WILLIAM J.**  
**3067 E COMMERCIAL BLVD**  
**SUITE 207**  
**FORT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP			NAME		
	<input type="checkbox"/> Delete		STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP			CITY-ST-ZIP		
	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP			NAME		
	<input type="checkbox"/> Delete		STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP			CITY-ST-ZIP		
	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP			NAME		
	<input type="checkbox"/> Delete		STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP			CITY-ST-ZIP		
	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP			NAME		
	<input type="checkbox"/> Delete		STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP			CITY-ST-ZIP		

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: *Katherine M. Jakob* Date **9/10/00** Daytime Phone # **954 785-4214**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (\$5.00)