

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K77437

1. Entity Name

SEAWINDS COMMUNITIES, INC.

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90108 027 ***150.00

Principal Place of Business

890 A1A BEACH BLVD
AT AUGUSTINE BEACH FL 32084
US

Mailing Address

890 A1A BEACH BLVD
ST AUGUSTINE BEACH FL 32084
US

2. Principal Place of Business

890 A1A BEACH BLVD

3. Mailing Address

890 A1A BEACH BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE BEACH FL

City & State

ST. AUGUSTINE BEACH FL

Zip
32080

Country
U.S.A

Zip
32080

Country
U.S.A

4. FEI Number 59-2967015

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CUPOLO, STEVEN
890 A1A BEACH BLVD
ST AUGUSTINE BEACH FL 32084

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code 32080

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 State

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

11. OFFICERS AND DIRECTORS

TITLE	TP	<input type="checkbox"/> Delete
NAME	STEVEN, CUPOLO	
STREET ADDRESS	890 A1A BEACH BLVD	
CITY-ST-ZIP	ST AUGUSTINE BEACH FL	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	SHER, CUPOLO	
STREET ADDRESS	890 A1A BEACH BLVD	
CITY-ST-ZIP	ST AUGUSTINE BEACH FL	
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	<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	
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 I am empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02 02 01 9044716718

Date

Daytime Phone #

CR2E034 (10/00)