

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003026

1. Entity Name

SEA CASTLE FILMS, LLC

FILED

01 APR 27 PM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

11911 US HWY ONE
SUITE 201
NORTH PALM BEACH FL 33408

Mailing Address

11911 US HWY ONE
SUITE 201
NORTH PALM BEACH FL 33408

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

05-0990317

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COOK, ROBERT B ESQ
11911 US HWY ONE
SUITE 201
NORTH PALM BEACH FL 33408

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

300004274783--9
-05/21/01--01183--003
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	[REDACTED]	
STREET ADDRESS	[REDACTED]	
CITY-ST-ZIP	[REDACTED]	
TITLE	MGR / PRESIDENT	<input type="checkbox"/> Delete
NAME	KITTY OHURA	
STREET ADDRESS	12127 BANYAN RD	
CITY-ST-ZIP	NO PALM BEACH, FL	
TITLE	MEMBER	<input type="checkbox"/> Delete
NAME	ROBERT B. COOK	
STREET ADDRESS	11911 U.S. HWY ONE, STE 201	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
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		

10. ADDITIONS/CHANGES

TITLE	MEMBER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JO FRANKLIN	
STREET ADDRESS	4335 MARINA CITY DR, PH 35	
CITY-ST-ZIP	MARINA CITY, CA 90292	
TITLE	MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RON MANGRAVITE	
STREET ADDRESS	P.O. BOX 1105	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
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		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/26/01

561-630-4777

Date Daytime Phone #