

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90051 011 \*\*\*150.00

0360170 AV

**DOCUMENT # L60386**

**1. Entity Name**  
**SEAVIEW MANAGEMENT CORPORATION**

**Principal Place of Business**

**Mailing Address**

**235 S COUNTY ROAD #204**  
**PALM BEACH FL 33480**

**235 S COUNTY ROAD #204**  
**PALM BEACH FL 33480**



**2. Principal Place of Business**

**ONE NORTH CLEMATIS**

**3. Mailing Address**

**ONE NORTH CLEMATIS**

**Suite, Apt. #, etc.**

**SUITE 320**

**Suite, Apt. #, etc.**

**SUITE 320**

**City & State**

**W. PALM BEACH, FL**

**City & State**

**W. PALM BEACH, FL**

**Zip**

**33401**

**Country**

**USA**

**Zip**

**33401**

**Country**

**USA**

DO NOT WRITE IN THIS SPACE

**4. FEI Number**

**65-0182378**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**UNITED CORPORATE SERVICES INC**  
**9200 SOUTH DADELAND BLVD.**  
**SUITE 508**  
**MIAMI FL 33156-0000**

**7. Name and Address of New Registered Agent**

**Name**

**JULIE BEDARD**

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

**One North Clematis, Suite 320**

**West Palm Beach, FL**

**33401 USA**

**City**

**FL**

**Zip Code**

**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, 2002 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**

<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>GUBELMANN, WILLIAM S</b>	
<b>STREET ADDRESS</b>	<b>235 S COUNTY ROAD</b>	
<b>CITY-ST-ZIP</b>	<b>PALM BCH FL</b>	
<b>TITLE</b>	<b>VD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>GUBELMANN, JAMES B</b>	
<b>STREET ADDRESS</b>	<b>235 S COUNTY ROAD</b>	
<b>CITY-ST-ZIP</b>	<b>PALM BCH FL</b>	
<b>TITLE</b>	<b>T</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>RIDGELY III, HERBERT M</b>	
<b>STREET ADDRESS</b>	<b>235 S COUNTY ROAD #204</b>	
<b>CITY-ST-ZIP</b>	<b>PALM BEACH FL 33480</b>	
<b>TITLE</b>	<b>S</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>BEDARD, JULIE M</b>	
<b>STREET ADDRESS</b>	<b>235 S COUNTY ROAD #204</b>	
<b>CITY-ST-ZIP</b>	<b>PALM BEACH FL 33480</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>GUBELMANN, WILLIAM S.</b>	
<b>STREET ADDRESS</b>	<b>ONE NORTH CLEMATIS, SUITE 320</b>	
<b>CITY-ST-ZIP</b>	<b>W. PALM BCH., FL 33401</b>	
<b>TITLE</b>	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>GUBELMANN, JAMES B.</b>	
<b>STREET ADDRESS</b>	<b>ONE NORTH CLEMATIS, SUITE 320</b>	
<b>CITY-ST-ZIP</b>	<b>W. PALM BCH., FL 33401</b>	
<b>TITLE</b>	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Bedard, Julie M.</b>	
<b>STREET ADDRESS</b>	<b>One North Clematis, Suite 320</b>	
<b>CITY-ST-ZIP</b>	<b>West Palm Beach, FL 33401</b>	
<b>TITLE</b>	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Ridgely III, Herbert M.</b>	
<b>STREET ADDRESS</b>	<b>One North Clematis, Suite, 320</b>	
<b>CITY-ST-ZIP</b>	<b>West Palm Beach, FL 33401</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

CR2E034 (9/01)