

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 23 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L97000001404  
**1. Entity Name**  
 SEALINK INVESTMENTS, L.C.

<b>Principal Place of Business</b> C/O SALES PAVILION 790 ANDREWS AVENUE DELRAY BEACH FL 33483	<b>Mailing Address</b> % BLAKELEY INVESTMENT CO. 60 STATE STREET, SUITE 3400 BOSTON MA 02109-1800
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

*MUM*

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 65-0808485	Applied For <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

LISTICK, MICHAEL M  
 616 E. ATLANTIC AVENUE  
 DELRAY BEACH FL 33483

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

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

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

**9. MANAGING MEMBERS/MEMBERS**

<b>TITLE NAME</b> MGR BLAKELEY, GERALD W <b>STREET ADDRESS</b> 790 NORTH ANDREWS AVE, C-202 <b>CITY-ST-ZIP</b> DELRAY BEACH FL 33483	<input type="checkbox"/> Delete
<b>TITLE NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

<b>TITLE NAME</b> MGR BLAKELEY, GERALD W III <b>STREET ADDRESS</b> 790 NORTH ANDREWS AVE <b>CITY-ST-ZIP</b> DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE NAME</b> MGR BLAKELEY, GERALD W. JR <b>STREET ADDRESS</b> 790 ANDREWS AVE <b>CITY-ST-ZIP</b> DELRAY BEACH, FL 33483	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 \*\*\*\*\*50.00 \*\*\*\*\*50.00

**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:** GERALD W. BLAKELEY JR.  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/19/00 (561) 243-6400  
 \_\_\_\_\_  
 Date Daytime Phone #

CR2E083 (9/99)