

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0013250
AF

00 APR 14 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MNM

DOCUMENT # L98000000932

1. Entity Name
SEAWAY PROPERTIES, L.C.

Principal Place of Business

ONE FINANCIAL PLAZA, SUITE 1600
FT. LAUDERDALE FL 33394

Mailing Address

ONE FINANCIAL PLAZA, SUITE 1600
FT. LAUDERDALE FL 33394-0003

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

65-0851306

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOYLE, BERNARD T ESQ.
C/O BENSON, MOYLE & MUCCI
ONE FINANCIAL PLAZA, SUITE 1600
FT. LAUDERDALE FL 33394

7. Name and Address of New Registered Agent

Name Robert S. Munter

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

2201 N.E. 41 Street

City

Lighthouse Point

FL

Zip Code

33064

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

4-10-2000

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete
NAME MUNTER, ROBERT
STREET ADDRESS 2201 N.E. 41ST STREET
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE MGRM ☐ Delete
NAME MUNTER, RICHARD
STREET ADDRESS 2010 FAIRCHELSEA WAY
CITY-ST-ZIP MATTHEWS NC 28105

TITLE MGRM ☐ Delete
NAME SCHWARTZ, NORMAN
STREET ADDRESS 1600 SE 9TH AVENUE
CITY-ST-ZIP FT. LAUDERDALE FL 33315

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

(954)
4-10-2000 941-9375

CP2E083 (9/99)