

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 30, 2002 8:00 am**  
**Secretary of State**  
 09-30-2002 90174 012 \*\*\*\*50.00

**DOCUMENT # L98000002580**

1. Entity Name

**SEAWIND CARIBBEAN, L.C.**

Principal Place of Business

**2605 GRASSY PT. DR. #101  
 LAKE MARY FL 32746**

Mailing Address

**P.O. BOX 1865  
 MINNEOLA FL 34755**

001290



DO NOT WRITE IN THIS SPACE

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 **59-3565545**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CALDWELL, TREVOR**

~~2605 GRASSY PT. DR. #101~~ **242 Crown Oaks Way**  
~~LAKE MARY FL 32746~~ **Longwood, FL 32779**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **TREVOR CALDWELL**

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**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **OMGR**  
 NAME **CALDWELL, TREVOR**  
 STREET ADDRESS ~~2605 GRASSY PT. DR. #101~~ **242 Crown Oaks Way**  
 CITY-ST-ZIP ~~LAKE MARY FL 32746~~ **Longwood, FL 32779**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☒ Change

☐ Addition

TITLE **MEM**  
 NAME **CALDWELL, MARGARET**  
 STREET ADDRESS ~~2605 GRASSY PT. DR. #101~~ **P.O. Box 1865**  
 CITY-ST-ZIP ~~LAKE MARY FL 32746~~ **Minneola, FL 34755**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☒ Change

☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE **MEM**  
 NAME **John W. Caldwell**  
 STREET ADDRESS **P.O. Box 1865**  
 CITY-ST-ZIP **Minneola, FL 34755**

☐ Change

☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
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 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

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 REQUIRED**

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

**September 24, 2002** **407-345-3409**

Date

Daytime Phone #

CR2E083 (4/02)