

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000004562**

1. Entity Name

SEAGROVE VILLAGE MARKET, LLC

FILED

01 JUL -2 AM 8:47

Principal Place of Business

**3004 S. HWY 395
SEAGROVE BEACH FL 32459**

Mailing Address

**3004 S. HWY 395
SEAGROVE BEACH FL 32459**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3589036

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FRANK H. WATSON, P.A.
5365 E. HWY, 30-A
STE 105
SEAGROVE BEACH FL 32459**

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

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**

**700004475427--6
-07/13/01--01100--021
*****50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **HARTLEY, GEORGE**
STREET ADDRESS **3004 S HWY 395**
CITY-ST-ZIP **SEAGROVE BEACH FL**

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

TITLE **MGR** ☐ Delete
NAME **HARTLEY, ANN**
STREET ADDRESS **3004 S HWY 395**
CITY-ST-ZIP **SEAGROVE BEACH FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Frank H. Watson, P.A.*

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

Date

Daytime Phone #

6-24-01 850-231-5736

0032016 SP

CR2E083 (11/00)