

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000007746**

1. Entity Name
SEALORD'S LODGE, L.L.C.

APPROVED
AND
FILED

COMM 12 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0005015 AF

Principal Place of Business

621 SOUTH FEDERAL HWY
STE 9
FORT LAUDERDALE FL 33301-3145

Mailing Address

621 SOUTH FEDERAL HWY
STE 9
FORT LAUDERDALE FL 33301-3145



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

65-0991780

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

EHMKE, DANIEL P
621 SOUTH FEDERAL HWY
STE 9
FORT LAUDERDALE FL 33301-3145

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **Gottfried Schulz**
CITY- ST- ZIP **621 S. Federal Hwy #9**
Ft. Laud., FL 33301-3145

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP **100003279431--4**

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **Daniel Ehmke**
CITY- ST- ZIP **621 S. Federal Hwy #9**
Ft. Laud., FL 33301-3145

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP **--06/07/00--01603--006**
*******50.00 *****50.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

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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:

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

Date

Daytime Phone #

CR2E083 (9/99)