

# 2001 UNIFORM BUSINESS REPORT (UBR)

001728 AF

3/19/01  
002

DOCUMENT # L99000007746

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

FILED

01 MAR 15 AM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

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

DO NOT WRITE IN THIS SPACE

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
SCHULZ, GOTTFRIED  
621 S. FEDERAL HWY, #9  
FT.LAUDERDALE FL 33301-3145

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
EHMKE, DANIEL  
621 S. FEDERAL HWY, #9  
FT.LAUDERDALE FL 33301-3145

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

300003888283--0  
-03/20/01--01062--004  
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TITLE  
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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*[Signature]*  
Manager

3/13/2001 954-462-1040

CR2E083 (11/00)