

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # M96989**1. Entity Name  
**SEA TOWERS REALTY CORP.****Principal Place of Business**1555 E BAY DR  
SUITE H  
LARGO FL  
33771 US**Mailing Address**1555 E BAY DR  
SUITE H  
LARGO FL  
33771 US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****59-2937562**

Applied For

Not Applicable

**5. Certificate of Status Desired****\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**ROBERTA D. KAPLAN  
1555 E BAY DR  
SUITE H  
LARGO FL  
33771 US**7. Name and Address of New Registered Agent**

Name

**THEODORE COBB**

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

1555 E BAY DR

SUITE H

City

LARGO

**FL**Zip Code  
33771

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 **THEODORE COBB****05/01/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE V ☒ Delete  
NAME KAPLAN STEPHEN S.  
STREET ADDRESS 610 BELLE ISLE AVENUE  
CITY-ST-ZIP BELLEAIR BEACH FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE DVS ☒ Delete  
NAME KAPLAN ROBERTA D.  
STREET ADDRESS 610 BELLE ISLE AVENUE  
CITY-ST-ZIP BELLEAIR BEACH FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE DPT ☐ Delete  
NAME COBB, THEODORE  
STREET ADDRESS 11556 TRADEWINDS BLVD.  
CITY-ST-ZIP LARGO FLTITLE DPTS ☒ Change ☐ Addition  
NAME COBB, THEODORE  
STREET ADDRESS 11556 TRADEWINDS BLVD.  
CITY-ST-ZIP LARGO FL 33771TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: THEODORE COBB****DPTS****05/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)