

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04122

1. Entity Name

SETON COURT ASSOCIATION, INC.

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90149 042 ****61.25

Principal Place of Business

65 SETON TRAIL #2
 ORMOND BEACH FL 32176-6501

Mailing Address

65 SETON TRAIL #2
 ORMOND BEACH FL 32176-6501

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

59-2786139

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICKARD, ROY
 3390 OCBANSHORE BLVD #402
 ORMOND BCH FL 32176

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 \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANITSAS, G 65 SETON TRAIL, #14 ORMOND BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANITSAS, J 65 SETON TR #15 ORMOND BEACH FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGONER, B 65 SETON TRAIL #17 ORMOND BCH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAWSON, B. 65 SETON TRAIL, #20 ORMOND BCH. FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNIDER, J. 65 SETON TRAIL, #2 ORMOND BCH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARD, S. 3390 OCEAN SHORE BLVD., #402 ORMOND BEACH FL	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas John Bidwell 65 Seton TR #2 Ormond Bch FL 32176	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Joyce A Liberty 65 Seton TR #15 Ormond Bch FL 32176	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/V Pres Lee Butcher 65 Seton TR #9 Ormond Bch FL 32176	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Julie Greene 65 Seton TR #10 Ormond Bch FL 32176	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jody Smith 65 Seton TR #11 Ormond Bch FL 32176	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☒ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/00 904-672-5007

Date

Daytime Phone #