

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07010

1. Entity Name

SEA OAKS BATH AND TENNIS CLUB, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90135 019 \*\*\*\*61.25

Principal Place of Business  1235 WINDING OAKS CIRCLE VERO BEACH FL 32963	Mailing Address  1235 WINDING OAKS CIRCLE VERO BEACH FL 32963-4025
--	---

2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
---	---

City & State	City & State
Zip	Country

4. FEI Number <b>34-1434047</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  KWAIT, ANDREW 2665 S. BAYSHORE DR. 302 COCONUT GROVE FL 33133
---

7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	Make Check Payable to Department of State
-----------------------------	---	------------------------------------	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MENNIER, JEAN M 1235 WINDING OAKS CIRCLE VERO BEACH FL 32962 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FAZILLCAN, ERIC D 1235 WINDING OAKS CIRCLE VERO BEACH FL 32963 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GREBEL, GEORGE 1235 WINDING OAKS CIRCLE VERO BEACH FL 32962 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KWAIT, ANDREW D 1235 WINDING OAKS CIRCLE VERO BEACH FL 32963 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ERIC BONNET PRESIDENT 1235 WINDING OAKS CIRCLE VERO BEACH FL-32963 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAN YOUNG VP 1235 WINDING OAKS CIRCLE VERO BEACH FL-32963 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JEAN HARCASTLE SECRETARY 1235 WINDING OAKS CIRCLE VERO BEACH FL-32963 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KIMBY DUCAYET TREASURER 1235 WINDING OAKS CIRCLE VERO BEACH FL-32963 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (9/99)