

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07010

1. Entity Name

SEA OAKS BATH AND TENNIS CLUB, INC.

Principal Place of Business

1235 WINDING OAKS CIRCLE  
VERO BEACH FL 32963

Mailing Address

1235 WINDING OAKS CIRCLE  
VERO BEACH FL 32963

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

KWIAT, ANDREW

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

1501 COLLINS AVE 302

City

MIAMI BEACH

FL

Zip Code

33139

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

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

TITLE PD ☐ Delete  
NAME MENNIER, JEAN M  
STREET ADDRESS 1235 WINDING OAKS CIRCLE  
CITY-ST-ZIP VERO BEACH FL 32962

TITLE VPD ☐ Delete  
NAME FAZILLCAN, ERIC D  
STREET ADDRESS 1235 WINDING OAKS CIRCLE  
CITY-ST-ZIP VERO BEACH FL 32963

TITLE VPD ☐ Delete  
NAME GREBEL, GEORGE  
STREET ADDRESS 1235 WINDING OAKS CIRCLE  
CITY-ST-ZIP VERO BEACH FL 32962

TITLE STD ☐ Delete  
NAME KWAIT, ANDREW D  
STREET ADDRESS 1235 WINDING OAKS CIRCLE  
CITY-ST-ZIP VERO BEACH FL 32963

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME MEUNIER, JEAN-MARC  
STREET ADDRESS 1235 WINDING OAKS CIRCLE  
CITY-ST-ZIP VERO BEACH FL-32962

TITLE VPD ☒ Change ☐ Addition  
NAME FAZILLEAU, ERIC

TITLE VPD ☒ Change ☐ Addition  
NAME GIEBEL, GOERGE

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/01

305 538 0135

Date

Daytime Phone #

FILED  
May 05, 2001 8:00 am  
Secretary of State

05-05-2001 90633 001 \*\*\*211.25

40884



DO NOT WRITE IN THIS SPACE

4. FEI Number

34-1434047

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E037 (10/00)