

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07899

1. Entity Name

SEMINOLE COVE CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90055 027 ****61.25

Principal Place of Business

1799 SOUTH WEST 35TH CIRCLE
OKEECHOBEE FL 34974
US

Mailing Address

1799 SOUTH WEST 35TH CIRCLE
OKEECHOBEE FL 34974-6083
US

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

65-0034031

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

FORTE, LORRAINE
1274 NE BUSINESS PARK PLACE
JENSEN BEACH FL 34957

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

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	PS	<input type="checkbox"/> Delete
NAME	HENSEL, VIVIAN	
STREET ADDRESS	1707 SW 35TH CIRCLE	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	STEVENS, J.R.	
STREET ADDRESS	1686 SW 35TH CIRCLE	
CITY-ST-ZIP	OKEECHOBEE FL 34674	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SEARCY, STEPHEN	
STREET ADDRESS	1602 SW 35TH CIRCLE	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SMALLEY, JOHN	
STREET ADDRESS	1585 SW. 35TH CIR	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, NORMA	
STREET ADDRESS	1738 SW 35TH CIR	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENSEL, DAVID	
STREET ADDRESS	1707 SW 35TH CIR	
CITY-ST-ZIP	OKEECHOBEE FL	

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	20dy, MARILYN	
STREET ADDRESS	1578 SW 35th Circle	
CITY-ST-ZIP	OKEECHOBEE, FL 34974	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALLEY, John	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Merlin Rice - Director	
STREET ADDRESS	1741 S.W. 35th. Circle	
CITY-ST-ZIP	Okeechobee Fl. 34974	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kay Polkine	
STREET ADDRESS	1576 S.W. 35th. Cir.	
CITY-ST-ZIP	Okeechobee, Fl. 34974.	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

T.D.

3-15-00. 941-467-1196.

Date

Daytime Phone #

CR2E037 (9/99)