

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90003 015 \*\*\*\*61.25

**DOCUMENT # N08098**

1. Entity Name

**SEASCAPE CONDOMINIUM ASSOCIATION OF TARPON SPRIN**

Principal Place of Business

Mailing Address

1401 WEST CURLEW PLACE  
 TARPON SPRINGS FL 34689

1401 WEST CURLEW PLACE  
 TARPON SPRINGS FL 34689-2959



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0246923**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HEIMAN, JAMES F**  
**4520 SW 62ND COURT**  
**MIAMI FL 33155**

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~~ <sup>reinstating</sup> 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	PD <input type="checkbox"/> Delete
NAME	HEIMAN, JAMES F.
STREET ADDRESS	4520 SW 62ND COURT
CITY-ST-ZIP	MIAMI FL 33155
TITLE	VPD <input type="checkbox"/> Delete
NAME	BOLLWECK, MANFRED
STREET ADDRESS	114 COLONY SOUTH DRIVE
CITY-ST-ZIP	TARPON SPRINGS GA 34689
TITLE	VPD <input type="checkbox"/> Delete
NAME	MOORE, PATRICIA
STREET ADDRESS	1714 SEASCAPE CIRCLE
CITY-ST-ZIP	TARPON SPRINGS FL 34689
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 *James F. Heiman* SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-00 727-942-7747  
 Date Daytime Phone #

CR2E037 (9/99)