

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90341 019 ****61.25

000817

DOCUMENT # N08360

1. Entity Name

SEABREEZE HOMEOWNERS, INC.

Principal Place of Business

601 71 S TW
 BRADENTON FL 34209
 US

Mailing Address

682 MAITLAND AV
 ALTAMONTE SPRINGS FL 32701
 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

65-0033181

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

COLLING, LEE JAY
500 NORTH MAITLAND AVENUE
SUITE 203
MAITLAND FL 32751

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 | P | <input type="checkbox"/> Delete |
| NAME | WALL, LOU | |
| STREET ADDRESS | 3901 71 ST W | |
| CITY-ST-ZIP | BRADENTON FL 34209 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | DUKE, ED | |
| STREET ADDRESS | 3901 71 ST W 88 | |
| CITY-ST-ZIP | BRADENTON FL 34209 | |
| TITLE | S / T | <input type="checkbox"/> Delete |
| NAME | LUNSFORD, HELEN | |
| STREET ADDRESS | 3901 71 ST W 54 | |
| CITY-ST-ZIP | BRADENTON FL 34209 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | WALLINGFORD, LINDA | |
| STREET ADDRESS | 3901 71 ST W 183 | |
| CITY-ST-ZIP | BRADENTON FL 34209 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | O'SULLIVAN, JERRY | |
| STREET ADDRESS | 3901 71 ST W 71 | |
| CITY-ST-ZIP | BRADENTON FL 34209 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MILLER, HANK | |
| STREET ADDRESS | 3901 71 ST W 183 | |
| CITY-ST-ZIP | BRADENTON FL 34209 | |

| | | |
|----------------|----------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Sec/Treas. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Helen Lunsford | |
| STREET ADDRESS | 3901 71st St. W. #54 | |
| CITY-ST-ZIP | Bradenton, FL 34209 | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Frances Schall | |
| STREET ADDRESS | 3901 71st St. W #221 | |
| CITY-ST-ZIP | Bradenton, FL 34209 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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: *R. Louis Wall* **ROBERT LOUIS WALL** 1-29-02 941-761-0891
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)