

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28149

1. Entity Name

SEMINOLE BY THE SEA HOMEOWNERS ASSOCIATION, INC.

FILED

Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90500 010 ****70.00

Principal Place of Business

2133 SEMINOLE ROAD
UNIT #4
ATLANTIC BEACH FL 32233

Mailing Address

2133 SEMINOLE ROAD
UNIT #4
ATLANTIC BEACH FL 32233

2. Principal Place of Business

2133 SEMINOLE ROAD

Suite, Apt. #, etc.

UNIT #4

City & State

ATLANTIC BEACH FL

Zip

32233

Country

USA

3. Mailing Address

2133 SEMINOLE ROAD

Suite, Apt. #, etc.

UNIT #4

City & State

ATLANTIC BEACH, FL

Zip

32233

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

I GOT MARRIED 6-10-00

BETTY LYNN DICKER-MAJEFSKI

DICKER, BETTY LYNN
2133 SEMINOLE ROAD
UNIT #4
ATLANTIC BEACH FL 32233

7. Name and Address of New Registered Agent

Name

BETTY LYNN DICKER-MAJEFSKI

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

2133 SEMINOLE ROAD

UNIT #4

City

ATLANTIC BEACH, FL

Zip Code

32233

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

Betty Lynne Dicker-Majefski

BETTY LYNN DICKER-MAJEFSKI

3-7-01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GERRITY, RICHARD
124 SEA LILY LANE
PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BRADLEY, SUZANNE M
2133 SEMINOLE RD #1
ATLANTIC BEACH FL 32233 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DICKER, BETTY LYNN
2133 SEMINOLE RD #4
ATLANTIC BEACH FL 32233 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP
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☐ Change ☐ 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:

Betty Lynne Dicker-Majefski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BETTY LYNN DICKER-MAJEFSKI

3-8-01

(904) 247-7766

Date

Daytime Phone #

CR2E037 (10/00)