

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33341

1. Entity Name

SEA-QUESTER FOUNDATION, INC.

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90036 011 \*\*\*\*61.25

Principal Place of Business      Mailing Address  
WIND TREE RANCH      WIND TREE RANCH  
RR2 BOX 1      RR2 BOX 1  
DOUGLAS AZ 85607-9802      DOUGLAS AZ 85607-9779

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      Applied For  
**59-2960153**      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

ZAPPALA, CAROL  
186 VIN ROSE CIRCLE S.E.  
PALM BAY FL 32909

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      (NOTE: Registered Agent signature required when reinstating)      DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing      \$5.00 May Be Added to Fees  
Trust Fund Contribution.      ☐

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE      PD      ☐ Delete  
NAME      MACKENZIE, DONALD J  
STREET ADDRESS      WINDTREE RANCH, RR2 BOX 1  
CITY-ST-ZIP      CHANDLER AZ 85607-9802

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

TITLE      VD      ☐ Delete  
NAME      ZALESKI, JACQUE REV  
STREET ADDRESS      WIND TREE RANCH, RR2 BOX 1  
CITY-ST-ZIP      CHANDLER AZ 85607-9802

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

TITLE      DS      ☐ Delete  
NAME      ZAPPALA, CAROL  
STREET ADDRESS      186 VIN ROSE CIR SE  
CITY-ST-ZIP      PALM BAY FL

TITLE      DS      ☒ Change      ☐ Addition  
NAME      ZAPPALA, CAROL  
STREET ADDRESS      P.O. BOX 100424  
CITY-ST-ZIP      PALM BAY FL 32910-0424

TITLE      D      ☐ Delete  
NAME      PULGRAM-ARTHEN, LUCIA D  
STREET ADDRESS      14 PLEASANT ST-P.O. BOX 628  
CITY-ST-ZIP      WORTHINGTON MA 01098

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

TITLE      D      ☐ Delete  
NAME      MENK, DAVID  
STREET ADDRESS      424 W. MCNAIR  
CITY-ST-ZIP      CHANDLER AZ 85224

TITLE      D      ☒ Change      ☐ Addition  
NAME      MENK, DAVID  
STREET ADDRESS      1 CARRINGTON DR  
CITY-ST-ZIP      WILLIAMSBURG, CO 81226

TITLE      D      ☐ Delete  
NAME      MARCANO, TONY PHD  
STREET ADDRESS      5300 N.E. 24TH TERRACE #224  
CITY-ST-ZIP      FT. LAUDERDALE FL 33308

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:

*Donald J Mackenzie*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD J MACKENZIE 19 JAN 2000 520-364-4611

Date

Daytime Phone #

CR2E037 (9/99)