

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N92000000053**

1. Entity Name

**SEA GARDENS BEACH & TENNIS RESORT CONDOMINIUM AS**

Principal Place of Business

Mailing Address

615 N OCEAN BLVD  
POMPANO BEACH FL 33062

615 N OCEAN BLVD  
POMPANO BEACH FL 33062-4608

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0387494**

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

FELICE, ROBERT  
615 N. OCEAN BLVD.  
POMPANO BEACH FL 33062

Name

*EVAN SPIVACK*

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

*615 NORTH OCEAN BLVD.*

City

*POMPANO BEACH*

FL

Zip Code

*33062*

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  Delete  
NAME **PD THOMAS, RICHARD**  
STREET ADDRESS **118 DAMIAN COURT**  
CITY-ST-ZIP **JEANNETTE PA 15644**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **VPD GRINER, GARY**  
STREET ADDRESS **187 OLD ORTAN LANE**  
CITY-ST-ZIP **BROWNBORO AL 35741**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **SD KERN, VANESSA**  
STREET ADDRESS **11301 W. TIMBER ROAD**  
CITY-ST-ZIP **MAPLETON IL 61547**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **TD EGLENOFER, ARTHUR**  
STREET ADDRESS **30 RIDGE DRIVE NORTH**  
CITY-ST-ZIP **OLD SAYBROOK CT 06475**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D TORKOS, SHERRY**  
STREET ADDRESS **238 BERTIE STREET, #6**  
CITY-ST-ZIP **FORT ERIE, ONTARIO L2A 1Z3**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D JACKSON, JADA**  
STREET ADDRESS **4386 SILSBY ROAD**  
CITY-ST-ZIP **UNIVERSITY HEIGHTS OH 44118**

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 equipment.

SIGNATURE:

*Richard Thomas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/30/00*  
Date

*(704) 384-3325*  
Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90195 012 \*\*\*\*61.25