

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2001 8:00 am**  
**Secretary of State**

08-07-2001 90010 021 \*\*\*\*61.25

**DOCUMENT # N92000000053**

1. Entity Name

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

Principal Place of Business

**615 N OCEAN BLVD  
POMPANO BEACH FL 33062**

Mailing Address

**615 N OCEAN BLVD  
POMPANO BEACH FL 33062**

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

**65-0387494**

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 (Name correction)

**SPIVACK, GUAN  
615 N. OCEAN BLVD.  
POMPANO BEACH FL 33062**

Name **Spivack, Evan**  
Street Address (P.O. Box Number is Not Acceptable)  
**615 N. 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**

**After September 12, 2001, min. will be \$236.25**

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Signature]*

*aug 1, 2001*

CR2E037 (5/01)