2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **N96000002792** Mar 22, 2000 8:00 am 1. Entity Name **Secretary of State** SEASIDE CHAPEL, INC. 03-22-2000 90183 039 ****61.25 Principal Place of Business Mailing Address 1335 W INDIANTOWN RD 1335 W INDIANTOWN RD SUITE B SUITE B JUPITER FL 33458 JUPITER FL 33458-3907 IIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0667244 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BARRETT, ROBERT E JR 1335 W INDIANTOWN RD SUITE B Zip Code City JUPITER FL 33458 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. *2*・27・00 SIGNATURE 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition ☐ Defete TITLE NAME BARRETT, ROBERT E JR NAME STREET ADDRESS STREET ADDRESS 6126 WINDING LAKE DRIVE CITY-ST-ZIP CITY-ST-ZIP Jupiter FL 33458 TITLE ☐ Delete TITLE Change ☐ Addition NAMÉ ANDERSON, KEN NAME STREET ADDRESS STREET ADDRESS 27 TRADEWINDS CIR CITY-ST-ZIP CITY-ST-ZIP TEQUESTA FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE ANDERSON, DANA NAME NAME STREET ADDRESS STREET ADDRESS **48 YACHT CLUB PLACE** CITY-ST-ZIP CITY-ST-ZIP **TEQUESTA FL 33469** ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME BOLVI, GREG NAME STREET ADDRESS STREET ADDRESS 401 LAKEWOOD CT, 1-C CITY-ST-ZIP CITY-ST-7IP JUPITER FL 33458 ☐ Change Addition ☐ Delete TITLE TITLE NAME BROOKS, MIKE NAME STREET ADDRESS STREET ADDRESS 6143 SE ORANGE BLOSSOM TRAIL CITY-ST-7IP CITY-ST-ZIP **HOBE SOUND FL 33455** ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 ROUTE STROWE STOPPING OFFICER OF DIRECTOR Date Date Dayline Phone & Date Dayline Phone &