

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90040 032 \*\*\*\*61.25

**DOCUMENT # N96000006189**

1. Entity Name

**SEBASTIAN ENTERPRISES, INC VOLUNTARY EMPLOYEE BE**

Principal Place of Business 1749 E. HALLANDALE BEACH BLVD <del>SUITE 134</del> HALLANDALE FL 33009 US	Mailing Address 1749 E. HALLANDALE BEACH BLVD <del>SUITE 134</del> HALLANDALE FL 33009-4680 US
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**C0004019**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <i>Suite 342</i>		Suite, Apt. #, etc. <i>Suite 342</i>	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>31-1483408</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**KEIL, WAYNE**  
 1749 E. HALLANDALE BEACH BLVD  
~~SUITE 134~~ *Suite 342*  
 HALLANDALE FL 33009

7. Name and Address of New Registered Agent

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 *Wayne Alan Keil* DATE *1/16/00*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>KEIL, WAYNE</b>
STREET ADDRESS	<b>1749 E. HALLANDALE BEACH BLVD, <del>SUITE 134</del></b>
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>GREENBERG, STACY</b>
STREET ADDRESS	<b>1749 E. HALLANDALE BEACH BLVD, SUITE 134</b>
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>KEIL, ARLENE</b>
STREET ADDRESS	<b>1749 E. HALLANDALE BEACH BLVD, SUITE 134</b>
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	
STREET ADDRESS	<i>Suite 342</i>
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	<i>Keil, Stacy</i>
STREET ADDRESS	<i>Suite 342</i>
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	
STREET ADDRESS	<i>Suite 342</i>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Delete
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)(l), 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: *Wayne Alan Keil* DATE: *1/16/00* DAYTIME PHONE #: *954-497-1120*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR