

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90143 015 \*\*\*\*61.25

**DOCUMENT # N96000006189**

1. Entity Name

**SEBASTIAN ENTERPRISES, INC VOLUNTARY EMPLOYEE BENEFIT ASSOCIATION**

Principal Place of Business

Mailing Address

1749 E. HALLANDALE BEACH BLVD  
 SUITE 342  
 HALLANDALE FL 33009  
 US

1749 E. HALLANDALE BEACH BLVD  
 SUITE 342  
 HALLANDALE FL 33009  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**31-1483408**

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

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

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 \_\_\_\_\_

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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>KEIL, WAYNE</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>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
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Wayne Keil **WAYNE KEIL** 1/16/02 954-454-8496

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)