

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED P00000022254

02 JUL 15 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

92440



DO NOT WRITE IN THIS SPACE

|   |   |  |  |
|---|---|--|--|
| <b>DOCUMENT # P00000022254</b>  |   |  |  |
| 1. Entity Name<br><b>SEA CASTLE RESORT, INC.</b>  |   |  |  |
| Principal Place of Business<br><b>730 OCEAN BLVD<br/>POMPANO BEACH FL 33062</b>   |   | Mailing Address<br><b>730 OCEAN BLVD<br/>POMPANO BEACH FL 33062</b>  |  |
| 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<br><b>65-0990456</b>  |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | <b>\$8.75</b> Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><b>GORMAN, CAROLINA ESQ<br/>620 TENNIS CLUB DRIVE #303<br/>FT LAUDERDALE FL 33311</b>  |   | 7. Name and Address of New Registered Agent<br><b>THOMAS GRONEMEIER<br/>730 N. Ocean Blvd<br/>Pompano Beach FL 33062</b> |  |
| 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.<br>SIGNATURE <i>Carolina Gorman</i> <i>Thomas Gronemeier</i> <b>6/7/02</b> <b>4/24/02</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE |   |  |  |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>  |   | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2002 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b>   |   | <b>\$5.00</b> May Be Added to Fees   |  |
| 11. OFFICERS AND DIRECTORS  |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b> <input type="checkbox"/> Delete<br><b>GRONEMEIER, THOMAS</b><br><b>6280 NE 18TH AVENUE #727</b><br><b>FT LAUDERDALE FL 33334</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>900005662199-9</b><br><b>-05/31/02--01023--001</b><br><b>****300.00 ****150.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>900005662199-9</b><br><b>-07/16/02--01052--008</b><br><b>****150.00 ****150.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CR2E034 (9/01)