

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90029 035 \*\*\*150.00

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**DOCUMENT # P00000040806**

1. Entity Name

**SEL PLANTATION DEVELOPMENT NO. 3, INC.**

Principal Place of Business

Mailing Address

~~2747 ORCHID OAKS DRIVE~~

POST OFFICE BOX 943

~~102A~~

OSPNEY FL 34229-0943

~~SARASOTA FL 34239~~

US

US

2. Principal Place of Business

3. Mailing Address

**3718 SANDSPUR LA.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**NOKOMIS, FL**

4. FEI Number

**65-1003509**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34275**

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

~~SEIDER, WILLIAM M~~

~~200 SOUTH ORANGE AVENUE~~

~~SARASOTA FL 34236~~

Name

**STEPHEN E. LATTMANN**

Street Address (P.O. Box Number is Not Acceptable)

**3718 SANDSPUR LA.**

City

**NOKOMIS**

**FL**

Zip Code

**34275**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **MR** ☐ Delete  
NAME **LATTMANN, STEPHEN E**  
STREET ADDRESS ~~2747 ORCHID OAKS DRIVE - 102A~~  
CITY-ST-ZIP ~~SARASOTA FL 34239~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **3718 SANDSPUR LA.**  
CITY-ST-ZIP **NOKOMIS, FL 34275**

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

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)