

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000067114

1. Entity Name  
Seabrook Homes, Inc.

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90313 002 \*\*\*\*\*8.75  
04-05-2001 90313 001 \*\*\*150.00

Principal Place of Business  
4040 Woodcock Dr.  
Suite 202  
Jacksonville, FL 32207

Mailing Address  
4040 Woodcock Dr.  
Suite 202  
Jacksonville, FL 32207

34670

2. Principal Place of Business  
1548 The Greens Way

3. Mailing Address  
1548 The Greens Way

Suite, Apt. #, etc.  
#5

Suite, Apt. #, etc.  
#5

City & State  
Jacksonville Beach, FL

City & State  
Jacksonville Beach, FL

4. FEI Number  
59-3665235

Applied For  
Not Applicable

Zip  
32250

Country  
USA

Zip  
32250

Country  
USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

B. Thomas Whitefield  
4040 Woodcock Drive  
Suite 202  
Jacksonville, Florida 32207

## 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

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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing ☐ \$5.00 May Be Added to Fees  
Trust Fund Contribution.

## 11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D ☐ Delete  
Joseph M. Shaffer  
2185 Lakeshore Landing  
Alpharetta, GA 30005

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D/P ☒ Change ☐ Addition  
Joseph M. Shaffer  
1548 The Greens Way #5  
Jacksonville Beach, FL 32250

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

V ☐ Change ☒ Addition  
Clifford Gray  
1548 The Greens Way #5  
Jacksonville Beach, FL 32250

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

V ☐ Change ☒ Addition  
Victoria Robbins  
1548 The Greens Way #5  
Jacksonville Beach, FL 32250

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

S ☐ Change ☒ Addition  
Mary Harms  
1548 The Greens Way #5  
Jacksonville Beach, FL 32250

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Assist S ☐ Change ☒ Addition  
Melynda Barrett  
1548 The Greens Way #5  
Jacksonville Beach, FL 32250

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph M. Shaffer, Pres. 3-28-01 (904) 273-9044

Date

Daytime Phone #

CR2E034 (11/00)