

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 08, 2001 8:00 am**  
**Secretary of State**

06-08-2001 90004 001 \*\*\*550.00

0268885

**DOCUMENT # P00000090654**

1. Entity Name:  
**SEASCAPE HOME LOANS, INC.**

Principal Place of Business

**335 NW 87TH TERRACE  
 PALMNTATION FL 33324**

Mailing Address

**335 NW 87TH TERRACE  
 PALMNTATION FL 33324**

**554050**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3325 South University Dr.**

3. Mailing Address

**Suite #103**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**DAVIE, FL**

City & State

**JANESVILLE, WI**

Zip

**33328**

Country

**USA**

Zip

Country

4. FEI Number

**65-1043719**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CECIL, TRACY D  
 335 NW 87TH TERRACE  
 PALMNTATION FL 33324**

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 **Tracy D. Cecil**

(NOT Registered Agent's signature required when reinstating)

**5/14/01**

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐

**FILE NOW !! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$350.00**  
**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 **D** ☐ Delete  
 NAME **CECIL, TRACY D**  
 STREET ADDRESS **335 NW 87TH TERRACE**  
 CITY-ST-ZIP **PALMNTATION FL 33324**

TITLE **D** ☐ Delete  
 NAME **RAYE, LESILE J**  
 STREET ADDRESS **335 NW 87TH TERRACE**  
 CITY-ST-ZIP **PALMNTATION FL 33324**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition  
 NAME **D Leslie J. Raye**  
 STREET ADDRESS **150 SW 91st Ave. #311**  
 CITY-ST-ZIP **Plantation, FL 33324**

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

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

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

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 the 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:

**Tracy D. Cecil**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/14/01**  
 Date

**(954)915-8199**  
 Daytime Phone #

CR2E034 (10/00)