

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90099 025 ***150.00

DOCUMENT # P92000000179

1. Entity Name
SEABIRD ASSOCIATES INC.

Principal Place of Business

5455 N. FEDERAL HWY
SUITE O
BOCA RATON FL 33487

Mailing Address

5455 N. FEDERAL HWY
SUITE O
BOCA RATON FL 33487

2. Principal Place of Business

3011 NE 7th Drive

Suite, Apt. #, etc.

3. Mailing Address

3011 NE 7th Drive

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33431

Country

Palm Beach

Zip

33431

Country

Palm Beach

4. FEI Number 65-0379181

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIEGEL, DONNA C
5455 N. FEDERAL HWY
SUITE O
BOCA RATON FL 33487

Name

Donna Siegel

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

3011 NE 7th Drive

City

Boca Raton

FL

Zip Code

33431

7. Name and Address of New Registered Agent

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 *Donna Siegel*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/01

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | PS | <input type="checkbox"/> Delete |
| NAME | SIEGEL, DONNA C | |
| STREET ADDRESS | 3011 NE 7TH STREET | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | VT | <input type="checkbox"/> Delete |
| NAME | SIEGEL, ART H | |
| STREET ADDRESS | 3011 NE 7TH STREET | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
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| 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 | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 | |

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: *Donna Siegel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/01

Date

561-750-9233

Daytime Phone #

CR2E034 (10/00)