

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000004652**

1. Entity Name

SEASIDE PLAZA, INC.

Principal Place of Business

**4255 AIA S
ST. AUGUSTINE FL 32084
US**

Mailing Address

**4600 AIA S
STE 1000
ST. AUGUSTINE FL 32084
US**

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

59-3162662

Applied For

Not Applicable

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****MCCLURE, GEORGE M
81 KING ST.
SUITE A
ST. AUGUSTINE FL 32084**

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, 2000 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D
SEAWRIGHT, J A
105 DEL PRADO WAY
ST. AUGUSTINE FL 32084**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D
DUSSEAU, M W
341 C WILDWOOD DR.
ST. AUGUSTINE FL 32086**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D
KAMLA, ELLEN G
123 HERON'S NEST LANE
ST. AUGUSTINE FL**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D
KEENE, E L
1302 S. COLLINS ST.
PLANT CITY FL 33566**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Add

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 #

1-30-00 904-471-3665**FILED
Feb 05, 2000 8:00 am
Secretary of State**

02-05-2000 90018 026 ***150.00



DO NOT WRITE IN THIS SPACE