

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91190 004 \*\*\*150.00

**DOCUMENT #** P940000 41575  
**Entity Name**  
Seagate Homes, Inc

**Principal Place of Business** **Mailing Address**  
185 Cypress Pt. Pkwy Ste 7  
Palm Coast, FL 32164

<b>1. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**4. FEI Number**  
59-3249824

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

DO NOT WRITE IN THIS SPACE

**CU070347**

**6. Name and Address of Current Registered Agent**  
Paul Guntharp JR.  
185 Cypress Pt. Pkwy STE 6  
Palm Coast, FL 32164

**7. Name and Address of New Registered Agent**

Name

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

City **FL** Zip Code

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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

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.

**OFFICERS AND DIRECTORS**

<b>1. President</b> <input type="checkbox"/> Delete	<b>2. Vice President</b> <input type="checkbox"/> Delete
<b>NAME</b> <u>Robert Gazzoli</u>	<b>NAME</b> <u>Brian Gazzoli</u>
<b>STREET ADDRESS</b> <u>3006 PI</u>	<b>STREET ADDRESS</b> <u>45 Cimmaron Dr.</u>
<b>CITY-ST-ZIP</b> <u>Palm Coast FL 32137</u>	<b>CITY-ST-ZIP</b> <u>Palm Coast, FL 32137</u>
<b>3. John Gazzoli</b> <input type="checkbox"/> Delete	
<b>NAME</b> <u>3006 PI</u>	
<b>STREET ADDRESS</b> <u>Palm Coast FL 32137</u>	
<b>CITY-ST-ZIP</b>	
<b>4.</b> <input type="checkbox"/> Delete	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>5.</b> <input type="checkbox"/> Delete	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>6.</b> <input type="checkbox"/> Delete	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

CR2E034 (11/00)

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Robert Gazzoli  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR