

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000060090

1. Entity Name

SEABIRD PARK, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90077 026 ***150.00

Principal Place of Business

Mailing Address

90 DUNLAWTON AVE.
PORT ORANGE FL 32127

90 DUNLAWTON AVE.
PORT ORANGE FL 32127-3906

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3262532

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

HODKOSKI, VIRGINIA D
90 DUNLAWTON AVE.
PORT ORANGE FL 32127

Name

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

City

Port Orange

FL

Zip Code

32127

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 PVD
NAME HODKOSKI, VIRGINIA D
STREET ADDRESS 90 DUNLAWTON AVE.
CITY-ST-ZIP PORT ORANGE FL 32127 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 808 Wildwood Circle
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME DAVIS, LINDA MARIE
STREET ADDRESS P.O. BOX 8783 N/A
CITY-ST-ZIP WASILLA AL ☐ Delete

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

TITLE D
NAME DAVIS, ROBERT N
STREET ADDRESS 627 HERBERT STREET
CITY-ST-ZIP PORT ORANGE FL 32119 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

TITLE ☐ Delete
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 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

VIRGINIA D. HODKOSKI

Date

Daytime Phone #

2/22/00

904-767-1343

CR2E034 (9/99)