

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90033 048 ***150.00

DOCUMENT # P94000082250

1. Entity Name

SEIBERT FAMILY, INC.

Principal Place of Business

50 ELEVENTH AVE
UNIT 203
INDIALANTIC FL 32903

Mailing Address

50 ELEVENTH AVE
UNIT 203
INDIALANTIC FL 32903

2. Principal Place of Business

50 - ELEVENTH AVE

3. Mailing Address

50 - ELEVENTH AVE

Suite, Apt. #, etc.

UNIT 203

Suite, Apt. #, etc.

UNIT 203

City & State

INDIALANTIC FL

City & State

INDIALANTIC FL

Zip

32903

Country

USA

Zip

32903

Country

USA

4. FEI Number

59-3276613

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEIBERT, WILLIAM F
50 ELEVENTH AVE UNIT 203
INDIALANTIC FL 32903

7. Name and Address of New Registered Agent

Name

SEIBERT, WILLIAM F.

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

50 - ELEVENTH AVE UNIT 203

City

INDIALANTIC

FL

Zip Code

32903

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

William F. Seibert (WILLIAM F. SEIBERT, PRES)

1/18/01

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, 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 PD
NAME SEIBERT, WILLIAM F
STREET ADDRESS 130 A VERSAILLES DR
CITY-ST-ZIP MELBOURNE BCH FL 32951

☐ Delete

TITLE TSD
NAME SEIBERT, JOAN
STREET ADDRESS 130 A VERSAILLES DR
CITY-ST-ZIP MELBOURNE BCH FL 32951

☐ Delete

TITLE D
NAME FESSLER, JACQUELINE
STREET ADDRESS 130 A VERSAILLES DR
CITY-ST-ZIP MELBOURNE BCH FL 32951

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ADDRESS ☒ Change ☐ Addition
NAME
STREET ADDRESS 50 ELEVENTH AVE UNIT 203
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE ADDRESS ☒ Change ☐ Addition
NAME
STREET ADDRESS 50 ELEVENTH AVE UNIT 203
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE ADDRESS ☒ Change ☐ Addition
NAME
STREET ADDRESS 50 ELEVENTH AVE UNIT 203
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

William F. Seibert

WILLIAM F. SEIBERT PRES 1/18/01 321-676-2095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)