

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000062632

1. Entity Name

SEAVIEW MOTEL, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90154 001 ***150.00

Principal Place of Business

5019 N OCEAN BLVD
OCEAN RIDGE FL 33435
US

Mailing Address

7000 WEST PALMETTO PARK ROAD
SUITE 400
BACA RATON FL 33433-3425

2. Principal Place of Business

3. Mailing Address

7000 W. PALMETTO PARK RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200

City & State

City & State

BOCA RATON FL

4. FEI Number

59-3400243

Applied For

Not Applicable

Zip

Country

Zip

Country

33433

U.S.A

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

GARELLEK, STEVEN
7000 WEST PALMETTO ROAD
SUITE 400
BOCA RATON FL 33433

Name

STEVEN GARELLEK

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

7000 W. PALMETTO PARK RD.
SUITE 200

City

BOCA RATON

FL

Zip Code

33433

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
HARTUNG, DAGMAR
5019 N OCEAN BLVD
OCEAN RIDGE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HARTUNG, JENS
5019 N OCEAN BLVD
OCEAN RIDGE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
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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: D. Hartung DAGMAR HARTUNG 4/17/00 561-276-5182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)