

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90361 016 ***158.75

DOCUMENT # P96000090941

1. Entity Name

SEA CAYMAN, INC.

Principal Place of Business

Mailing Address

~~1901 BRINSON RD~~
~~UNIT L8~~
~~LUTZ FL 33549~~
US

1140 KANE CONCOURSE
FIFTH FLOOR
BAY HARBOR ISLANDS FL 33154-2045
US

2. Principal Place of Business

3. Mailing Address

1140 KANE CONCOURSE
Suite, Apt. #, etc.
FIFTH FLOOR

Suite, Apt. #, etc.

City & State

City & State

BAY HARBOR ISLANDS, FL

Zip
33154

Country

Zip

Country

4. FEI Number 65-0707169

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

ROBERT H. SILVERS
1140 KANE CONCOURSE FIFTH FLOOR
BAY HARBOR ISLANDS FL 33154

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 B
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME LECLAIR, JOSEPH A
STREET ADDRESS ~~1901 BRINSON RD UNIT L8~~
CITY-ST-ZIP ~~LUTZ FL 33549~~

☐ Delete

TITLE
NAME
STREET ADDRESS 1140 KANE CONCOURSE - 5th FLOOR
CITY-ST-ZIP BAY HARBOR ISLANDS, FL 33154

☒ Change ☐

TITLE TD
NAME LECLAIR, ELIZABETH
STREET ADDRESS ~~1901 BRINSON RD UNIT L8~~
CITY-ST-ZIP ~~LUTZ FL 33549~~

☐ Delete

TITLE
NAME
STREET ADDRESS 1140 KANE CONCOURSE - 5th FLOOR
CITY-ST-ZIP BAY HARBOR ISLANDS, FL 33154

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph A. Leclair*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: Jan 28, 2000

DAYTIME PHONE: 813-340-114