

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094406

1. Entity Name

SEA-BARGE LINE, INC.

**FILED**  
**Aug 04, 2000 8:00 am**  
**Secretary of State**

08-04-2000 90004 030 \*\*\*550.00

Principal Place of Business

9485 REGENCY SQ. BLVD.  
STE. 400  
JACKSONVILLE FL 32225

Mailing Address

9485 REGENCY SQ. BLVD.  
STE. 400  
JACKSONVILLE FL 32225

2. Principal Place of Business

100 BELL TEL WAY  
Suite, Apt. #, etc.  
SUITE 300

3. Mailing Address

100 BELL TEL WAY  
Suite, Apt. #, etc.  
SUITE 300

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32214

Country

Zip

32214

Country

4. FEI Number

59-3475851

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, WESLEY ESQ  
501 BRICKELL KEY DRIVE  
504  
MIAMI FL 33131

7. Name and Address of New Registered Agent

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	DP	<input type="checkbox"/> Delete
NAME	SHEA, MICHAEL D	
STREET ADDRESS	9485 REGENCY SQ. BLVD., STE. 400	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEETCH, ROBERT	
STREET ADDRESS	9485 REGENCY SQ. BLVD., STE. 400	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	100 BELL TEL WAY, STE 300
CITY-ST-ZIP	JACKSONVILLE, FL 32214
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	100 BELL TEL WAY, STE 300
CITY-ST-ZIP	JACKSONVILLE, FL 32214
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

ROBERT J LEETCH

Date

Daytime Phone #

CP2E034 (5/00)