

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000097828

1. Entity Name

SEABOURNE PUBLISHING, INC.

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90126 007 \*\*\*158.75

Principal Place of Business

Mailing Address

6810 FRONT ST.  
 KEYWEST FL 33040

P O BOX 420233  
 SUMMERLAND KEY FL 33042-0233  
 US

2. Principal Place of Business

3. Mailing Address

632 William St

Suite, Apt. #, etc.

Key West, FL

City & State

Key West, FL

Zip

33040

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0802045

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

DAY, KATHLEEN M  
 632 WILLIAM ST.  
 KEY WEST FL 33040

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

Kathleen M Day

Kathleen M Day

4-27-00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required with this filing)

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 PS  
 NAME DAY, KATHLEEN M  
 STREET ADDRESS 632 WILLIAM ST  
 CITY-ST-ZIP KEY WEST FL 33040 ☐ Delete

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

TITLE VT  
 NAME BURNS, LAWRENCE J  
 STREET ADDRESS 19520 TEQUESTA ST  
 CITY-ST-ZIP SUGARLOAF KEY FL 33042 ☒ Delete

TITLE VT  
 NAME Day, Kathleen M  
 STREET ADDRESS 632 William St  
 CITY-ST-ZIP Key West, FL 33042 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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:

Kathleen M Day

Date

Daytime Phone #

4-27-00 305-296-2350

CR2E034 (9/99)