

# 2000 UNIFORM BUSINESS REPORT (UBR)

0004691

DOCUMENT # P97000100307

1. Entity Name  
**SEA DOG MOTOR YACHT, INC.**

FILED  
00 APR -4 AM 9:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business U.S. HIGHWAY ONE 402 PALM BEACH FL 33408	Mailing Address 555 FIFTH AVE % ROCKWOOD REALTY LLC NEW YORK NY 10017-2416 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>3801 PGA Boulevard</b> Suite, Apt. #, etc. <b>Suite 805</b> City & State <b>Palm Beach Gardens, FL</b> Zip <b>33410</b>	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number <b>65-0798400</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**MAGEE, JOHN W**  
**701 U.S. HIGHWAY ONE**  
**SUITE 402**  
**NORTH MIAMI BEACH FL 33408**

7. Name and Address of New Registered Agent  
Name **John W. Magee**  
Street Address (P.O. Box Number is Not Acceptable)  
**3801 PGA Boulevard**  
**Suite 805**  
City **Palm Beach Garden FL** Zip Code **33410**

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 (NOTE: Registered Agent signature required when reinstating) DATE **2/18/00**

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	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>MAGEE, JOHN W</b>	
STREET ADDRESS <b>701 U.S. HIGHWAY ONE, SUITE 402</b>	
CITY-ST-ZIP <b>N PALM BEACH FL 33408</b>	
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 <b>Magee, John</b>	
STREET ADDRESS <b>555 Fifth Ave, 5th Flr</b>	
CITY-ST-ZIP <b>New York, NY 10017</b>	
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: **KE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **2/18/00** DAYTIME PHONE # **212-286-5800**

CR2E034 (9/99)