

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000018710**

1. Entity Name
SEAGATE REALTY INC

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90044 021 ***150.00

Principal Place of Business Mailing Address
169 TEQUERA DR. Suite 23+24E
TEQUERA FL 33469

2. Principal Place of Business
169 TEQUERA DR
Suite, Apt. #, etc.
23+24
City & State
TEQUERA

3. Mailing Address
Same
Suite, Apt. #, etc.

Zip
33469 Country
Palm Bch

City & State
FL Zip
33469 Country
USA

4. FEI Number
65-0779061

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

Name
Gilbert C. Greene
Street Address (P.O. Box Number is Not Acceptable)
802 D Wingfoot Dr.
City
Jupiter FL Zip Code
33488

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 NAME STREET ADDRESS CITY-ST-ZIP	President - Sec - Treas Gilbert C. Greene 802 D Wingfoot Dr. Jupiter FL 33469	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/2000 **561-746-1333**
Date Daytime Phone #

CR2E034 (9/99)