

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000030971

1. Entity Name

SEABRIDGE TEAM, INC.

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90002 037 \*\*\*150.00

Principal Place of Business

Mailing Address

1236A OCEAN SHORE BLVD  
ORMOND BEACH FL 32176  
US

1236A OCEAN SHORE BLVD  
ORMOND BEACH FL 32176-3739  
US

2. Principal Place of Business

1100 Ocean Shore Boulevard

Suite, Apt. #, etc.

Suite 3

City & State

Ormond Beach, Florida

Zip

32176-3739

Country

USA

3. Mailing Address

1100 Ocean Shore Boulevard

Suite, Apt. #, etc.

Suite 3

City & State

Ormond Beach, Florida

Zip

32176-3739

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3503057

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

MARTIN, CHARLENE H  
58 SEA HARBOR DR E  
ORMOND BEACH FL 32176

Name

Darrell C. Whitaker

Street Address (P.O. Box Number is Not Acceptable)

2872 John Anderson Drive

City

Ormond Beach

FL

Zip Code

32176-2327

8. The above named entity submits the 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 fee 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 ☐ Delete  
NAME D  
STREET ADDRESS MARTIN, CHARLENE H  
CITY-ST-ZIP 58 SEA HARBOR DR E  
ORMOND BEACH FL 32176

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WHITAKER, DARRELL C  
CITY-ST-ZIP 2872 JOHN ANDERSON DR  
ORMOND BEACH FL 32176

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2872 John Anderson Drive  
CITY-ST-ZIP Ormond Beach, Florida 32176-2327

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Vice President  
STREET ADDRESS Arlene M. Clark  
CITY-ST-ZIP 133 Roberta Drive  
Ormond Beach, Florida 32176-3219

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 an officer or trustee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Darrell C. Whitaker, Secretary/Treasurer

03/08/00

Date

(904) 441-0001

Daytime Phone #

CR2E034 (9/99)