

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000054116

1. Entity Name

SEABORN, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90014 002 ***550.00

Principal Place of Business

8700 W. NEW BOSTON ROAD
TEXARKANA TX 75501

Mailing Address

8700 W. NEW BOSTON ROAD
TEXARKANA TX 75501

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

3210 27th. Avenue SW

Suite, Apt. #, etc.

3210 27th. Avenue SW

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

58-2399338

Applied For

Not Applicable

Zip

34117

Country

Zip

34117

Country

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

DILQRENZO, PATRICE P
608 WHITEHEAD STREET
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

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 PS ☐ Delete
NAME BUTCHER, ALLEN D
STREET ADDRESS 8700 W. NEW BOSTON ROAD
CITY-ST-ZIP TEXARKANA TX 75501

TITLE V ☐ Delete
NAME BUTCHER, REBECCA D
STREET ADDRESS 8700 W. NEW BOSTON ROAD
CITY-ST-ZIP TEXARKANA TX 75501

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3210 27th. Avenue SW
CITY-ST-ZIP Naples, FL 34117

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3210 27th. Avenue SW
CITY-ST-ZIP Naples, FL 34117

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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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)