

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022274

1. Entity Name

SEAGATE MANAGEMENT, INC.

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90056 021 \*\*\*150.00

Principal Place of Business

2507 CLEVELAND AVE.  
FT. MYERS FL 33901

Mailing Address

2507 CLEVELAND AVE.  
FT. MYERS FL 33901-4906

2. Principal Place of Business

Baymont Inn

3. Mailing Address

27991 Oakland Dr.

Suite, Apt. #, etc.

None

Suite, Apt. #, etc.

None

City & State

Benita Springs, FL.

City & State

Benita Springs, FL.

Zip

34135

Country

USA

Zip

34135

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0901122

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PATEL, MINESH G  
2507 CLEVELAND AVE.  
FT. MYERS FL 33901

7. Name and Address of New Registered Agent

Name

minesh PATEL

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

27991 Oakland Dr.

Benita Springs, Florida

City

FL

Zip Code

34135

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

ALKA PATEL (Secretary)

3/29/00  
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

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | P                   | <input type="checkbox"/> Delete |
| NAME           | PATEL, MINESH G     |                                 |
| STREET ADDRESS | 2507 CLEVELAND AVE. |                                 |
| CITY-ST-ZIP    | FT. MYERS FL 33901  |                                 |
| TITLE          | S                   | <input type="checkbox"/> Delete |
| NAME           | PATEL, ALKA M       |                                 |
| STREET ADDRESS | 2507 CLEVELAND AVE. |                                 |
| CITY-ST-ZIP    | FT. MYERS FL 33901  |                                 |
| TITLE          | V                   | <input type="checkbox"/> Delete |
| NAME           | PATEL, SANJAY K     |                                 |
| STREET ADDRESS | 2507 CLEVELAND AVE. |                                 |
| CITY-ST-ZIP    | FT. MYERS FL 33901  |                                 |
| TITLE          | T                   | <input type="checkbox"/> Delete |
| NAME           | PATEL, KALPANA S    |                                 |
| STREET ADDRESS | 2507 CLEVELAND AVE. |                                 |
| CITY-ST-ZIP    | FT. MYERS FL 33901  |                                 |
| 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 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    |   |
| 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00  
Date

941949-9400  
Daytime Phone #

CR2E034 (9/99)