

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043520

1. Entity Name

1500 SEMINARY DEVELOPMENT CORPORATION

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90072 004 ***150.00

Principal Place of Business

Mailing Address

1107 KEY PLAZA, #311
KEY WEST FL 33040

1107 KEY PLAZA, #311
KEY WEST FL 33040-4077

2. Principal Place of Business

3. Mailing Address

1107 Key Plaza

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.M.B. 311

City & State

City & State

Key West, FL

4. FEI Number

65-0918396

Applied For

Not Applicable

Zip

Country

Zip

Country

33040-4077

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

CATALFOMO, ANTHONY J
506 LOUISA ST.
KEY WEST FL 33040

Name

Anthony J. Catalfomo

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

Catalfomo & Farrelly

506 Louisa Street

City

Key West

FL

Zip Code

33040

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)

2/23/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	BAKER, JOHN P	1107 KEY PLAZA, #311	KEY WEST FL 33040	<input type="checkbox"/>
VSTD	GROOMS, BASCOM	7 THOMPSON LANE	KEY WEST FL 33040	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/00

Date

Daytime Phone #

305-245-7571

CR2E034 (9/99)