

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045985

1. Entity Name

SEASCAPE CUSTOM HOMES, INC.

FILED

May 15, 2000 8:00 am  
Secretary of State

05-15-2000 90180 033 \*\*\*150.00

Principal Place of Business

3463 AMBERJACK DRIVE  
HERNANDO BEACH FL 34607

Mailing Address

3463 AMBERJACK DRIVE  
HERNANDO BEACH FL 34607-3602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

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

MERRITT, WILLIAM A  
3463 AMBERJACK DRIVE  
HERNANDO BEACH FL 34607

Name

William A. Merritt

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

3463 Amberjack Drive

City

Hernando Beach

FL

Zip Code

34607

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 ☐ Delete  
NAME D  
MERRITT, WILLIAM A  
STREET ADDRESS 3463 AMBERJACK DRIVE  
CITY-ST-ZIP HERNANDO BEACH FL 34607

TITLE ☐ Change ☐ Addition  
NAME D/P/S/T  
STREET ADDRESS 3463 Amberjack Drive  
CITY-ST-ZIP Hernando Beach, FL. 34607

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME D/V.P.  
STREET ADDRESS Dennis Bartina  
CITY-ST-ZIP 18833 Kuku Lane  
Brooksville, FL. 34600

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

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

352-684-2151

Daytime Phone #

CR2E034 (9/99)