

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054648

1. Entity Name

SEAGATE INTERNATIONAL MANAGEMENT, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90022 038 ***150.00

Principal Place of Business

Mailing Address

5117 CASTELLO DRIVE SUITE 1
NAPLES FL 34103

5117 CASTELLO DRIVE SUITE 1
NAPLES FL 34133-0279

2. Principal Place of Business

3. Mailing Address

28000 Spanish Wells Blvd

28000 Spanish Wells Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#200

#200

City & State

City & State

Bonita Springs FL

Bonita Springs FL

Zip

Country

Zip

Country

34135

US

34135

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3579963

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

EURO-AMERICAN FINANCIAL SERVICES, INC.
5117 CASTELLO DRIVE SUITE 1
NAPLES FL 34103

Name

Karen Husley

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

28000 Spanish Wells Blvd

Suite 200

City

Bonita Springs

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, 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
STREET ADDRESS MOELLER, SABINE
CITY-ST-ZIP 5117 CASTELLO DRIVE SUITE T
NAPLES FL 34103

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 28000 Spanish Wells Blvd #200
CITY-ST-ZIP Bonita Springs FL 34135

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

02-15-00 941-992-3355