

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

DOCUMENT # P99000058147

1. Entity Name

SEAROCK ACQUISITION CORP.

Principal Place of Business

110 NORTH DIXIE HIGHWAY
STUART FL 34994

Mailing Address

110 NORTH DIXIE HIGHWAY
STUART FL 34994-1108

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WAXLER, CAROL S ESQ.
110 NORTH DIXIE HIGHWAY
STUART FL 34994

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 \$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	D/Chairman/CEO	<input type="checkbox"/> Delete
NAME	Dwight Tracy	
STREET ADDRESS	1445 S.E. 16th Street	
CITY-ST-ZIP	Ft. Lauderdale, FL 33316	
TITLE	D/P/COO	<input type="checkbox"/> Delete
NAME	Anthony A. Pasca, Jr.	
STREET ADDRESS	1445 S.E. 16th Street	
CITY-ST-ZIP	Ft. Lauderdale, FL 33316	
TITLE	V/General Counsel	<input type="checkbox"/> Delete
NAME	Carol S. Waxler	
STREET ADDRESS	110 N. Dixie Highway	
CITY-ST-ZIP	Stuart, FL 34994	
TITLE	S/CFO	<input type="checkbox"/> Delete
NAME	Greg Stepic	
STREET ADDRESS	401 S.W. 1st Avenue	
CITY-ST-ZIP	Ft. Lauderdale, FL 33316	
TITLE	D	<input type="checkbox"/> Delete
NAME	Robert J. Tomsich	
STREET ADDRESS	6140 Parkland Boulevard	
CITY-ST-ZIP	Mayfield Heights, OH 44124	
TITLE	D	<input type="checkbox"/> Delete
NAME	Frank J. Rzicznek	
STREET ADDRESS	6140 Parkland Boulevard	
CITY-ST-ZIP	Mayfield Heights, OH 44124	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John R. Tomsich	
STREET ADDRESS	6140 Parkland Boulevard	
CITY-ST-ZIP	Mayfield Heights, OH 44124	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

(561) 692-1122

Daytime Phone #