

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000066404**

1. Entity Name

**SEABRANCH REALTY, INC.****FILED**  
**Sep 07, 2000 8:00 am**  
**Secretary of State**

09-07-2000 90059 016 \*\*\*150.00

Principal Place of Business

**6425 S.E. POINCIANA LANE  
HOBE SOUND FL 33455**

Mailing Address

**6425 S.E. POINCIANA LANE  
HOBE SOUND FL 33455****A0075485**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-0940317**

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

**NORMAN, KENNETH A  
800 S.E. MONTEREY COMMONS BLVD., STE. 200  
STUART FL 34996**

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PIVIST</b>
STREET ADDRESS	<b>MICHAEL J. CARMODY</b>
CITY-ST-ZIP	<b>6425 S.E. POINCIANA LANE</b>
	<b>HOBE SOUND, FL 33455</b>
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:

**MICHAEL J. CARMODY** **8-31-2000** **561 219-8888**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**PRESIDENT**

Daytime Phone #

CR2E034 (5/00)

attachment doc #

P99000066404

A0575485



6425 S.E. Poinciana Lane • Hobe Sound, Florida 33455  
(561) 219-8888 • (561) 286-0555 Fax

8-31-2000

Dear Sir,

There was no first notice received at  
this address.

As per our phone conversation please  
find enclosed a check for \$150.<sup>00</sup>

Thank you for your assistance.

Sincerely,  
Michael Comodry