## 2000 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # V42653  1. Entity Name  SEASIDE DEVELOPMENT CORP. |   |  |                                       |  | Jan 29, 2000 8:00 am<br>Secretary of State |   |  |                            |                         |
|--|---|--|---------------------------------------|--|--|---|--|----------------------------|-------------------------|
| Principal Plac   | e of Business   | Mailing Address  | Mailing Address                       |  |  | 27 2000 7002                            | 20 022 1.                                | ,0.00                      |                         |
| 1208 S. MYRTLE AVE.<br>CLEARWATER FL 34616<br>US             |   | 1208 S. MYRTLE AVE.<br>CLEARWATER FL 33756-3425<br>US              |                                       |  |  | 01818 11918 B1181 <b>3</b> 1188 1       | 111 <b>B</b> (B)4 <b>B</b> (B)4 (B)8)4 ( |                            |                         |
| 2. Principal Place of Business                               |   | 3. Mailing Address   |                                       |  |  |   |  |                            |                         |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |                                       |  |  | DO NOT WRITE                            | IN THIS SPACE                            | Ē                          |                         |
| City & State   |   | City & State   |                                       | <b>4</b> . F   | El Number                                  | 59-3129329                              |  |                            | plied For<br>LApplicabl |
| 3375   | Country   | Zip  | Country                               | <b>5.</b> C  | ertificate of                              | Status Desired                          |  | <b>'5</b> Addi<br>lequired |                         |
|  | 6. Name and Address of Current  | Registered Agent   |                                       | 7. N   | ame and Ad                                 | idress of New Reg                       | gistered Agent                           |                            | ·<br>                   |
| 1212<br>CLE/   | IGLING, CHARLES E. SO. MYRTLE AVENUE ARWATER FL 34616   | or the purpose of changing its r                                   | City Ch                               | easus  | ter,                                       | Not Acceptable)                         | FL Z                                     | ip Gode                    | <u> </u>                |
| Tax filing r<br>(See criter                                  | Signature, typed or printed name of registered agent praction is eligible to satisfy its Intangible equirement and elects to do so.                                       | FILE NOW!! After MAY 1, 200 Make Check Payable                     |                                       | 0.00<br>of State   | 10. Election                               | on Campaign Final<br>Fund Contribution. |  | Ådded                      | <b>D</b> May Be to Fees |
| 11   | OFFICERS AND  | <del></del>  | 12.                                   |  | DITIONS/CH                                 | HANGES TO OFFIC                         |  |                            | IN 11                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                        | PD<br>JUENGLING, CHARLES E.<br>1208 S. MYRTLE AVE.<br>CLEARWATER FL   | <b>∠</b> Delete  | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>Byre<br>1209<br>Cle  | l Robe<br>6 S. 1<br>MR WA                  | ngute An                                | 33756                                    | hange                      |                         |
| NAME STREET ADDRESS CITY-ST-ZIP                              | VSTD<br>BYRD, ROBERT W.<br>1208 SO. MYRTLE AVE.<br>CLEARWATER FL 34616  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |  |   |  | hange                      |                         |
| NAME STREET ADDRESS CITY-ST-ZIP                              | . جانون کا ایک ایک ایک ایک ایک ایک ایک ایک ایک  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP | n va   |  |   | <u> </u>                                 | hange                      |                         |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                        |   | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |  |   |  | hange                      |                         |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                        | :   | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP | personal de la constantina della constantina del |  |   | c  | Change                     |                         |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                        | <del></del>   | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |  |   |  | hange                      | <u>□ 1277.</u>          |
| indicated of the cor   | pertify that the information supplied with<br>on this report or supplemental report in<br>poration or the receiver or trustee emp<br>or on an attachment with an address, | s true and accurate and that mo<br>owered to execute this report a | v signature shall hav                 | e the same le  | edal ettect a                              | is it made under oa                     | th: that I am an                         | officer of                 | or director             |