2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
05-18-2001 90019 043 ****70.00

DOCUMENT # 722735

1. Entity Name

FLOTILLA 92 NORTH PORT, INC.

Principal Place of Business	Mailing Address
MARINA PARK. CHANCELLOR BLVD. P.O. BOX 7204 NORTH PORT FL 34287	MARINA PARK. CHANCELLOR BLVD. P.O. BOX 7204 NORTH PORT FL 34287

DO NOT WRITE IN THIS SPACE

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 59-1458960 ☐ 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
LAVINE, JUDITH A. 6352 OTIS ROAD NORTH PORT FL 34287	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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MITCHELL, CHARLES L 532 LAPLAYA-LACASA NORTH PORT FL 34287	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Mullen, George D. 4467 Maraldo Ave. North Port, FL 34287	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LAVINE, JUDITH 6352 OTIS RD SE N. PORT FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Kenneth C. Jamele 5789 Fra Ct. North Port, FL 34287	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR MULLEN, GEORGE D. 4467 MARALDO AVENUE NORTH PORT FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Anna M. Dosche 6711 Marius Rd. North Port, FL 34287	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SORENSON, PHILIP 1618 HARBOR BLVD PORT CHARLOTTE FL 33952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Norvin Rothschild 6477 Otis Rd. North Port, FL 34287	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SORENSON, LOIS 1618 HARBOR BLVD PORT CHARLOTTE FL 33952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Charles J. Hall 5461 Sylvan Ave. North Port, FL 34287	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR LAJEUNESSE, GERRY 707 BLANCA ROAD NORTH PORT FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Frank F. Kierna 127 Bermuda Way, Lazy River North Port, FL 34287	☐ Change ☑ Addition

CR2E037 (10/00)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Treasurer 05/14/2001 (941)426-3110