2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
03-25-2002 90176 003 ****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

B0050048

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	PD Martin S. Rapp 5141 Palena Blvd. 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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MULLEN, GEORGE D. 4467 MARALDO AVENUE NORTH PORT FL 34287	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD James R. Hamilton 3426 Tonkin Dr. North Port, FL 34287	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JANOTA, KENNETH C 5789 FRAN CT NORTH PORT FL 34287	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR Kenneth C. Janota 5789 Fran Court North Port, FL 34287	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DOSCHA, ANNA M 6711 MARIUS RD. NORTH PORT FL 34287	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST Ronald P. Maloney 5401 Farley St. Port Charlotte, FL 33981	☐ 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	TR Westbrook Bates 5095 Palena Blvd. North Port, FL 34287	☐ Change ☑ Addition

CR2E037 (9/01)

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: Judith A. Lavine JUDITH A. LAVINE 05/13/2002 (941) 426-3110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #