2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State
03-19-2003 90180 017 ****61.25

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

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Marina Park, Chancellor blvd	
Suite, Apt. #, etc. —	Suite, Apt. #, etc.
City & State: North Port, FL	City & State
Zip: 34287 Country: USA	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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KAPP, MARTIN S 5114 PALEVA BLVD NORTH PORT FL 34287	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JAMES R. HAMILTON 3428 TONKIN DRIVE 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	VD NORVIN ROTHSCHLD 6477 OTIS ROAD NORTH PORT, FL 34287	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HAMILTON, JAMES K 3426 TONKIN DR NORTH PORT FL 34287	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD JUDITH A. LAVINE 6352 ORTIS ROAD NORTH PORT, FL 34287	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JANOTA, KENNETH C 5789 FRAN CT NORTH PORT FL 34287	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR FRANK KIERNAN 127 BERMUDA WAY, LAZY RIVER NORTH PORT, FL 34287	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCLEONY, RONALD 5401 FARLEY ST PORT CHARLOTTE FL 33981	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR GLORIA SCHMIDT 106 RIVERWALK DRIVE NORTH PORT, FL 34287	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR BATES, WESTBRIGH 5095 VALENA BLVD NORTH PORT FL 34287	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR GEORGE D. MULLEN 4467 MARALDO AVENUE NORTH PORT, FL 34287	☐ Change ☑ Addition

CR2E037 (10/02)

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 RECEIVED Judith A. Lavine 03/17/03 (941) 426-3110