

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90081 002 ***150.00

DOCUMENT # P00000004304

1. Entity Name
LAZY DAYS REALTY, INC.

Principal Place of Business 2524 N. TAMiami TRAIL N. FT. MYERS FL 33903	Mailing Address 2524 N. TAMiami TRAIL N. FT. MYERS FL 33903
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0986183**

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

BENSTEIN, DAVID S. ESQ.
150 SECOND AVENUE NORTH
SUITE 1700
ST. PETERSBURG FL 33701

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELLSPERMAN, MARJORIE <input type="checkbox"/> Delete 2524 N TAMiami TRAIL NORTH FORT MYERS FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FORD, MARY E <input type="checkbox"/> Delete 65 HOMEFOLKS STREET NORTH FORT MYERS FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHOALES, FERN <input type="checkbox"/> Delete 259 MOONLIGHT DRIVE NORTH FORT MYERS FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLAIR, NORMAN D <input type="checkbox"/> Delete 357 FUTURE DR NORTH FORT MYERS FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSSI, BETTY <input type="checkbox"/> Delete 327 DREAM LANE NORTH FORT MYERS FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOYD, HAROLD <input type="checkbox"/> Delete 293 ROSES LANE NORTH FORT MYERS FL 33917

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowers.

SIGNATURE: NORMAN D BLAIR **Treasurer** **2/7/02** **(941) 995-5880**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)