

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000004304

FILED  
Apr 15, 2003  
Secretary of State

Entity Name: LAZY DAYS REALTY, INC.

## Current Principal Place of Business:

2524 N. TAMIAMI TRAIL  
N. FT. MYERS, FL 33903

## New Principal Place of Business:

## Current Mailing Address:

2524 N. TAMIAMI TRAIL  
N. FT. MYERS, FL 33903

## New Mailing Address:

FEI Number: 65-0986183      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ELLSPERMAN, MARJORIE  
Address: 2524 N TAMIAMI TRAIL  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VP ( ) Delete  
Name: FORD, MARY E  
Address: 65 HOMEFOLKS STREET  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: SD ( ) Delete  
Name: SCHOALES, FERN  
Address: 259 MOONLIGHT DRIVE  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: TD ( ) Delete  
Name: BLAIR, NORMAN D  
Address: 357 FUTURE DR  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D ( ) Delete  
Name: ROSSI, BETTY  
Address: 327 DREAM LANE  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D ( ) Delete  
Name: FLOYD, HAROLD  
Address: 293 ROSES LANE  
City-St-Zip: NORTH FORT MYERS, FL 33917

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MOORE, TERRY  
Address: 258 MOONLIGHT DR.  
City-St-Zip: NORTH FORT MYERS, FL 33917

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARJORIE ELLSPERMAN

PD

04/15/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date