

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90225 045 ***150.00



DOCUMENT # P94000016995
1. Entity Name
LAKE BUENA VISTA FACTORY STORES, INC.

Principal Place of Business
**1725 UNIVERSITY DRIVE
STE. 450
CORAL SPRINGS FL 33071**

Mailing Address
**1725 UNIVERSITY DRIVE
STE. 450
CORAL SPRINGS FL 33071**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **65-0509025**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SHERRIN, JEFF
1725 UNIVERSITY DRIVE
STE. 450
CORAL SPRINGS FL 33071**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DCS <input type="checkbox"/> Delete
NAME	SHERRIN, JEFF
STREET ADDRESS	1725 UNIVERSITY DRIVE STE. 450
CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE	P <input type="checkbox"/> Delete
NAME	SUTTON, SAM
STREET ADDRESS	1725 UNIVERSITY DRIVE, STE. 450
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	DVP <input type="checkbox"/> Delete
NAME	SUTTON, ROBERT
STREET ADDRESS	1725 UNIVERSITY DRIVE #450
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	D <input type="checkbox"/> Delete
NAME	VONSTMAN, BERT
STREET ADDRESS	1725 UNIVERSITY DRIVE, SUITE 400
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	D <input type="checkbox"/> Delete
NAME	KRYSTOFF, JERROLD
STREET ADDRESS	1725 UNIVERSITY DRIVE, SUITE 450
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 607, 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 RISA W. SUTTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/03 974-755-7003
Date Daytime Phone #

CR2E034 (10/02)