

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743691

1. Entity Name

LEISURE VILLAS EAST PROPERTY OWNERS' ASSOCIATION

Principal Place of Business

Mailing Address

8231 RANDWICK KCT
NORTH PORT FL 34287

8231 RANDWICK KCT
NORTH PORT FL 34287-2057

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2104721

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

TREISCH, DUANE
8070 PICKWICK RD
N 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 PD
NAME TREISCH, DUANE
STREET ADDRESS 8070 PICKWICK ROAD
CITY-ST-ZIP NORTH PORT FL 34287 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME SCHAIBLE, MARY
STREET ADDRESS 8121 PICKWICK RD
CITY-ST-ZIP NORTH PORT FL ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME POST, ROGER
STREET ADDRESS 8181 MARLOWE CT
CITY-ST-ZIP NORTH PORT FL 34287 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME GOURLAY, BILL
STREET ADDRESS 8141 SAVOY CT.
CITY-ST-ZIP NORTH PORT FL ☒ Delete

TITLE D
NAME ALEX BARANYAL
STREET ADDRESS 8431 BOULTON COURT
CITY-ST-ZIP NORTH PORT, FL 34287 ☒ Change ☐ Addition

TITLE D
NAME ANDERSON, ROGER
STREET ADDRESS 8081 MEADE CT
CITY-ST-ZIP NORTH PORT FL ☒ Delete

TITLE D
NAME DAVID OADEN
STREET ADDRESS 8121 PICKWICK ROAD
CITY-ST-ZIP NORTH PORT, FL 34287 ☒ Change ☐ Addition

TITLE S
NAME NUGENT, ROSE C
STREET ADDRESS 8091 PICKWICK RD
CITY-ST-ZIP NORTH PORT FL ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

3-11-00 941-423-9050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE