

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # 737723

1. Entity Name

SLEEPY LAGOON PROPERTY OWNERS, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

04-03-2000 90148 019 ****61.25

Principal Place of Business

Mailing Address

P. O BOX 372524
SATELLITE BEACH FL 32937P. O BOX 372524
SATELLITE BEACH FL 32937-0524

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1743608

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRITZ, WILLIAM
425 RED SAIL WAY
SATELLITE BEACH FL 32937Name Howell, Ruth

Street Address (P.O. Box Number is Not Acceptable)

465 Sailfish CoveCity Satellite Beach FL 32937

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

Ruth Howell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3.10.00FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	☒ Delete
NAME	STAYLOR, JAMES	
STREET ADDRESS	409 RED SAIL WAY	
CITY-ST-ZIP	SATELLITE BEACH FL	

TITLE	VD	☒ Delete
NAME	ROBERTS, RAY	
STREET ADDRESS	435 GREEN TURTLE COVE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	

TITLE	TD	☐ Delete
NAME	HOWELL, RUTH	
STREET ADDRESS	465 SAILFISH COVE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	

TITLE	SD	☒ Delete
NAME	KELLY, DALE	
STREET ADDRESS	440 RED SAIL WAY	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Prep	☒ Change ☐ Addition
NAME	David Robertson	
STREET ADDRESS	472 Sailfish Cove	
CITY-ST-ZIP	Satellite Beach FL 32937	

TITLE	VP	☒ Change ☐ Addition
NAME	John Blair	
STREET ADDRESS	420 Green Turtle Cove	
CITY-ST-ZIP	Sat. Bch FL 32937	

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

TITLE	Sec	☒ Change ☐ Addition
NAME	Valerie MacDonell	
STREET ADDRESS	481 Sailfish Cove	
CITY-ST-ZIP	Sat Bch FL 32937	

TITLE	Prep	☐ Change ☒ Addition
NAME	James Staylor	
STREET ADDRESS	409 Red sail Way	
CITY-ST-ZIP	Sat Bch FL 32937	

TITLE		☐ Change ☐ 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3.10.00 321 243 1143

CR2E037 (9/99)