

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 429934

1. Entity Name

ROCHESTER RESORTS, INC.

Principal Place of Business

15951 CAPTIVA ROAD
CAPTIVA ISLAND FL 33924
US

Mailing Address

PO BOX 249
1625 HENDRY STREET
CAPTIVA ISLAND FL 33924
US

2. Principal Place of Business

3. Mailing Address

P. O. Box 249

Suite, Apt. #, etc.

Suite, Apt. #, etc.

15951 Captiva Road

City & State

City & State

Captiva Island, FL 33924

Zip

Country

Zip

33924

Country

USA

4. FEI Number

59-1475093

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EBELINI, MARK
1625 HENDRY STREET
FT. MYERS FL 33901

7. Name and Address of New Registered Agent

Name

Lloyd A. Wright

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

15951 Captiva Road

City

Captiva Island

FL

Zip Code

33924

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PTDS	<input type="checkbox"/> Delete
NAME	WRIGHT, LLOYD	
STREET ADDRESS	16452 CAPTIVA RD	
CITY-ST-ZIP	CAPTIVA FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LAPI, ANTONINO R	
STREET ADDRESS	4341 WEST GULF DRIVE	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CALVERT, ROBERT	
STREET ADDRESS	10907 CLERMONT AVE.	
CITY-ST-ZIP	GARRETT PARK MD	
TITLE	TR	<input type="checkbox"/> Delete
NAME	Kingman Babcock	
STREET ADDRESS	30 Trowbridge Trail	
CITY-ST-ZIP	Pittsford, NY 14534	
TITLE		<input type="checkbox"/> Delete
NAME	Carmino Dimassimo	
STREET ADDRESS	246 W. Hickory St.	
CITY-ST-ZIP	Rochester, NY 14445	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	Sandra Ciminelli	
STREET ADDRESS	3331 Manatee Dr.	
CITY-ST-ZIP	St. James City, FL 33956	

12. 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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90088 036 ***550.00

A0068131



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)