

FILED
Jun 06, 2002 8:00 am
Secretary of State

06-06-2002 90084 003 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 429934

1. Entity Name

ROCHESTER RESORTS, INC.

DO NOT WRITE IN THIS SPACE

117148

2. Principal Place of Business
5951 Captiva Road

3. Mailing Address
P.O. Box 249 c/o Jeff Shuff

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Captiva Island, FL

City & State
Captiva Island, FL

4. FEI Number
59-1475093

Applied For
☐ Not Applicable

Zip
33924

Country
USA

Zip
33924

Country
USA

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

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7. Name and Address of Current Registered Agent

Name
Mark A. Ebelini, Esq.

Street Address (P.O. Box Number is Not Acceptable)
1625 Hendry Street, Suite 301

City Port Myers **FL** 33901

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 Mark A. Ebelini

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

(NOTE: Registered Agent signature required when reinstating)

5/31/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 PD	NAME Lapi, Antonino R.
STREET ADDRESS 4341 West Gulf Drive	CITY-ST-ZIP Sanibel, FL 33957
TITLE VPD	NAME Calvert, Robert
STREET ADDRESS 10907 Clermont Avenue	CITY-ST-ZIP Garrett Park, MD
TITLE TD	NAME Babcock, Kingman K.
STREET ADDRESS 30 Trowbridge Trail	CITY-ST-ZIP Pittsford, NY 14534
TITLE TD	NAME Dimassimo, Carmino
STREET ADDRESS 246 West Hickory Street	CITY-ST-ZIP East Rochester, NY 14445
TITLE NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS
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TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Antonino R. Lapi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(239) 472-5161

Date

Daytime Phone #

CR2E034B (12/01)