

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90014 017 ****61.25

DOCUMENT # 729182

1. Entity Name

TRI-LEISURE CONDOMINIUM, INCORPORATED

Principal Place of Business

C/O W DEMERS & CO.
 8211 STATE RD 52
 HUDSON FL 34667
 US

Mailing Address

C/O W DEMERS & CO.
 8211 STATE RD 52
 HUDSON FL 34667
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1939179

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

~~MCDONALD, FLORENCE~~
 9820-1 HIDDEN LANE
 PORT RICHEY FL 34668

PATRICIA TODARO
5603 SENATE LN
NEW PORT RICHEY, FL
34652

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.

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

TITLE **DT** ☐ Delete
 NAME **WEINSTEIN, CAROL**
 STREET ADDRESS **9811-3 HIDDEN LN**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **DP** ☐ Delete
 NAME **TODARO, PATRICIA**
 STREET ADDRESS **5603 SENATE LANE**
 CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **DVP** ☐ Delete
 NAME **COWGILL, CAROL**
 STREET ADDRESS **9825-1 HIDDEN LANE**
 CITY-ST-ZIP **PORT RICHEY FL**

TITLE **DON FORTUNADO DP** ☐ Delete
 NAME **9814 HIDDEN LANE**
 STREET ADDRESS **PORT RICHEY, FL 34668**
 CITY-ST-ZIP

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

TITLE **DS** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

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, 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 #

CR2E037 (10/00)

Don Fortunado Pres Patricia Todaro Sec.
 12-27-2001 727 849 8740
 727 845 8078