

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729182

1. Entity Name

TRI-LEISURE CONDOMINIUM, INCORPORATED

Principal Place of Business

Mailing Address

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

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

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

59-1939179

Applied For

Not Applicable

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

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

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DS
NAME TODARO, PATRICIA
STREET ADDRESS 5603 SENATE LANE
CITY-ST-ZIP NEW PORT RICHEY FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90106 050 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)