

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
PD	STAYLOR, JAMES	409 RED SAIL WAY	SATELLITE BEACH FL	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
VD	ROBERTS, RAY	435 GREEN TURTLE COVE	SATELLITE BEACH FL 32937	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TD	HOWELL, RUTH	465 SAILFISH COVE	SATELLITE BEACH FL 32937	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
SD	KELLY, DALE	440 RED SAIL WAY	SATELLITE BEACH FL 32937	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
Pres	David Robertson	472 Sailfish Cove	Satellite Beach FL 32937		D

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
VP	John Blair	420 Green Turtle Cove	Sat. Bch FL 32937		D

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
Sec	Valerie MacDowell	481 Sailfish Cove	Sat Bch FL 32937		D

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Pres	James Staylor	409 Red sail Way	Sat Bch FL 32937		D

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

Ruth Howell3.10.00 321 243 1143

CR2E037 (9/99)