

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-06-2002 90103 015 ****61.25

DOCUMENT # 738009

1. Entity Name

LARGO SOUND VILLAGE, INCORPORATED

Principal Place of Business

Mailing Address

PO BOX 2017
 KEY LARGO FL 33037

P.O. BOX 2017
 KEY LARGO FL 33037
 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

59-1725805

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

DEBRULE, JOHNNY
411 3 STREET
KEY LARGO FL 33037

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 ☒ Delete
 NAME **D WRIGHT, JAN**
 STREET ADDRESS **321 SECOND TERRACE**
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE ☒ Change ☐ Addition
 NAME **D BONNIE MACKS**
 STREET ADDRESS **314 2ND TERRACE**
 CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE ☐ Delete
 NAME **VP PACHO, DONNA**
 STREET ADDRESS **P.O. BOX 753**
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE ☐ Change ☒ Addition
 NAME **D CRAIG CROSS**
 STREET ADDRESS **108 1ST STREET**
 CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE ☒ Delete
 NAME **S WRIGHT, JANET**
 STREET ADDRESS **321 2 TERRACE**
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE ☒ Change ☐ Addition
 NAME **S BROOKE SPAULDING**
 STREET ADDRESS **506 SOUND DRIVE**
 CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE ☒ Delete
 NAME **T HAUKE, JOHN**
 STREET ADDRESS **222 2 ROAD**
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE ☒ Change ☐ Addition
 NAME **T BRIAN REYNOLDS**
 STREET ADDRESS **223 AVENUE B**
 CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE ☒ Delete
 NAME **D JACKLE, SUE**
 STREET ADDRESS **312 2ND TERR**
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE ☒ Change ☐ Addition
 NAME **D DELLA WHEATON**
 STREET ADDRESS **504 SOUND DRIVE**
 CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE ☒ Delete
 NAME **D GAH, PATRICK**
 STREET ADDRESS **P.O. BOX 2734**
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE ☒ Change ☐ Addition
 NAME **D PATTI GAH**
 STREET ADDRESS **403 3RD STREET**
 CITY-ST-ZIP **KEY LARGO, FL 33037**

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: Brian Reynolds

4-23-02

(305) 522-4764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)