

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750907

1. Entity Name

LA CASA BOATING AND FISHING CLUB, INC.

Principal Place of Business

732 SANCHEZ
NORTH PORT FL 34287
US

Mailing Address

732 SANCHEZ
NORTH PORT FL 34287
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 59-1989438

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

GRAJEK, JOSEPH J
732 SANCHEZ
NORTH PORT FL 34287

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

Joseph J. Grajak

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 WEGENER, LUANN
STREET ADDRESS 653 LASALA
CITY-ST-ZIP NORTH PORT FL 34287

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

TITLE ☐ Delete
NAME FLICKINGER, JACK
STREET ADDRESS 447 LOMA LINDA
CITY-ST-ZIP NORTH PORT FL 34287

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

TITLE ☐ Delete
NAME GRAJEK, JOSEPH J
STREET ADDRESS 732 SANCHEZ
CITY-ST-ZIP N. PORT FL 34287

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

TITLE ☒ Delete
NAME PETERSON, BETTY
STREET ADDRESS 511 EL PRADO
CITY-ST-ZIP NORTH PORT FL 34287

TITLE ☐ Change ☒ Addition
NAME D FOLWEILER, DORIS
STREET ADDRESS 563 MADERO
CITY-ST-ZIP NORTH PORT FL 34287

TITLE ☐ Delete
NAME KENNEDY, KEN
STREET ADDRESS 315 TRESA
CITY-ST-ZIP NORTH PORT FL 34287

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

TITLE ☐ Delete
NAME BENTLEY, JOAN
STREET ADDRESS 806 VILLA DEL SOL
CITY-ST-ZIP NORTH PORT FL 34287

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph J. Grajak* SIGNATURE REQUIRED JOSEPH J. GRAJEK 1/28/02 941-426-0769

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE