

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90079 050 *****61.25

0073235

DOCUMENT # 764780

1. Entity Name

LEISURE TIME CAMPSITES & CLUB ASSOCIATION, INC.

Principal Place of Business

**LEISURE TIME PARK, LOT #172
 24400 S TAMAMI TRAIL
 BONITA SPRINGS FL 34134**

Mailing Address

**LEISURE TIME PARK, LOT #172
 24400 S TAMAMI TRAIL
 BONITA SPRINGS FL 34134**

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

59-2455681

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

**BECKER & POLIAKOFF, P.A.
 13515 BELL TOWER DR., STE 101
 FORT MYERS FL 33907**

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	VP Pres.	<input type="checkbox"/> Delete
NAME	VOLLMER, CARL	
STREET ADDRESS	24400 TAMAMI TR LOT 182	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DEWEY, GEORGE W	
STREET ADDRESS	24400 TAMAMI TR LOT 18	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	REXFORD, THOMAS	
STREET ADDRESS	24400 TAMAMI TR LOT 104	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HAWLEY, RICHARD	
STREET ADDRESS	21400N TAMAMI TR. LOT 74	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERALD TRICKER	
STREET ADDRESS	24400 TAMAMI TR. LOT 43	
CITY-ST-ZIP	BONITA SPRINGS FL. 34134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

Date

Daytime Phone #

1-25-2001

992-7797

CR2E037 (10/00)