

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768966

1. Entity Name

ROTONDA WEST FLOTILLA, INC.

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91545 016 ****61.25

Principal Place of Business

240 CAPSTAN DR
CAPE HAZE FL 33946
US

Mailing Address

240 CAPSTAN DR
CAPE HAZE FL 33946
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 59-1808772

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

CORBIN, ELTON D
240 CAPSTAN DR
CAPE HAZE FL 33946

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 PD
NAME CORBIN, ELTON D
STREET ADDRESS 240 CAPSTAN DR.
CITY-ST-ZIP CAPE HAZE FL 33946 ☐ Delete

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

TITLE VPD
NAME REINER, PHYLLIS J
STREET ADDRESS 7 BROADMOOR RD.
CITY-ST-ZIP ROTONDA WEST FL 33947 ☐ Delete

TITLE D
NAME KELLY, JAMES E.
STREET ADDRESS 3 SPORTSMAN COURT
CITY-ST-ZIP ROTONDA WEST, FL 33947 ☐ Change ☒ Addition

TITLE TD
NAME BROKAW, RICHARD L
STREET ADDRESS 8171 DREW ST.
CITY-ST-ZIP ENGLEWOOD FL 34224 ☐ Delete

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

TITLE SD
NAME SAFIGAN, ANDREW
STREET ADDRESS 262 ANAPOLIS LN.
CITY-ST-ZIP ROTONDA WEST FL 33947 ☐ Delete

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

TITLE D
NAME FAUST, GERALD S
STREET ADDRESS 5755 DAVID BLVD.
CITY-ST-ZIP PORT CHARLOTTE FL 33981 ☐ Delete

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

TITLE D
NAME HUDSON, WISHEART F
STREET ADDRESS 9252 W. SPRING CIRCLE
CITY-ST-ZIP PORT CHARLOTTE FL 33981 ☐ Delete

TITLE
NAME
STREET ADDRESS
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:

Eldon D. Corbin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 Apr 02

Date

941-697-2274

Daytime Phone #

0084141

CR2E037 (9/01)