2002 Uniform Business Report (UBR)

2002 Uniform Business Report (UBR)							FILED Apr 11, 2002 8:00 am Secretary of State				
DOCUMENT # F09258											
1. Entity Name FLORIDA BROADACRE TRAILER LODGE, INC.											
PLORIUM	4 BRUADAUI	RE TRAILER LOL	GE, INC.				04-11-2002 907	75 040	130.0		
Principal Place of Business			Mailing Address								
% PAUL R (% PAUL R GRISSOM								
3901 BAHIA SARASOTA I	Vista St.,Bahia Y Fl 34232	VISTA ESTATES	3901 BAHIA VISTA STBAHIA VISTA ESTATES SARASOTA FL 34232					iaik ekeki oka	U e k o ki eka ki i	21 8 11 1 2821 1 84 1	
Principal Place of Business 3. Mailing Address					-44.		:	ieli steti eie)		
Suite, Apt	. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Sta	te		City & State			4.	FEI Number 59-2056342			oplied For	
Zip	Country		Zip Cour		ntry	5.	Certificate of Status Desired		8.75 Add	ditional	
	6. Name and	Address of Current R	egistered Agent	<u>. </u>		7. 1	Name and Address of New Regi		•		
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GRISSOM, PAUL R 3901 BAHIA VISTA ST					Street Address (P.O. Box Number is Not Acceptable)						
SARASOTA FL 34232											
					City			FL	Zip Code		
8 The above	named entity out	mits this statement for t	ho numana of abouting its				ent, or both, in the State of Florid.			- ,	
Tax filing	oration is eligible t requirement and e	o satisfy its Intangible	FILE NOW:	!!! FEE	IS \$150.00	_	10. Election Campaign Finance				
	ria on back)		Make Check Payal		epartment		Trust Fund Contribution.	Ц		I to Fees	
TITLE	DP	OFFICERS AND DI	RECTORS Delete	12. TITL	- 1	AD	DITIONS/CHANGES TO OFFICE				
NAME	GRISSOM, PA	UL R	☐ Delete	NAM				L	Change	☐ Addition	
STREET ADDRESS	204 WESTMO	RELAND COURT		- }	EET ADDRESS					,	
CITY-ST-ZIP TITLE	SARASOTA, F	-L 0			-ST-ZIP		T				
NAME	SIMMONS. JE	SSIE (DECEASE	☐ Delete	TITL NAM				L	Change	☐ Addition	
STREET ADDRESS	3762 MEDFOR	rd LN		31	ET ADORESS						
CITY-ST-ZIP TITLE	SARASOTA, F	LO			-ST-ZIP						
NAME	∖V `GRISSOM, SC	OTT H	☐ Delete	TITL NAM		~~~~ ~~ ~~	erman reprie Lineary is a	L	Change	☐ Addition	
STREET ADDRESS	3901 BAHIA V	ISTA STREET		51	ET ADDRESS						
CITY-ST-ZIP	SARASOTA FL				-ST-ZIP						
ntle Name	V Grissom, sti	EVEN I	☐ Delete	NAM] Change	☐ Addition	
STREET ADDRESS	4804 79TH AV	/e plaza e.		- 11	ET ADDRESS						
CITY-ST-ZIP	SARASOTA FL	<u> </u>		CITY	-ST-ZIP		-				
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STREET ADDRESS				STRE	ET ADDRESS					Į	
CITY-ST-ZIP	***				-ST-ZIP						
itle Iame			☐ Delete	TITLE NAMI				Ē] Change	☐ Addition	
TREET ADDRESS				STRE	ET ADDRESS						
ITY-ST-ZIP				<u> </u>	-ST-ZIP						
of the corp	on this report or si poration or the rec	upplemental report is tru en er or trustee empowe	is filing does not qualify for ue and accurate and that need to execute this report another like empowered.	the exer ny signat as requir	mption stated ure shall hav red by Chapt	d in Section 1 te the same le ter 607, Florid	19.07(3)(i), Florida Statutes. I furt egal effect as if made under oath la Statutes; and that my name ap	her certify that I am pears in B	that the inf an officer o lock 11 or l	ormation or director Block 12 if	

SIGNATURE: