

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 19, 2002 8:00 am**  
**Secretary of State**

09-19-2002 90157 046 \*\*\*550.00

**DOCUMENT # H52535**

1. Entity Name  
**ECONFINA CREEK CANOE LIVERY, INC.**

Principal Place of Business  
**5641-A PORTER POND ROAD**  
**YOUNGSTOWN FL 32466**  
**US**

Mailing Address  
**5641-A PORTERPOND RD**  
**YOUNGSTOWN FL 32466**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2745327**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GAY, DEBRA S**  
**STRICKLAND ROAD**  
**YOUNGSTOWN FL 32466**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
**PST**  
**GAY, DEBRA S**  
**STRICKLAND RD.**  
**YOUNGSTOWN FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
**V**  
**GAY, DEBRA S**  
**STRICKLAND RD.**  
**YOUNGSTOWN FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Debra S. Gay*  
**DEBRA S. GAY**

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)

Attachment

9/12/02

DK # H52535

Dear Sirs,

I did not receive my original report form which I called and reported to your office. I am enclosing my check for ~~\$550<sup>00</sup>~~, however the representative of your office that spoke with, suggested I enclose this letter explaining why my report was delinquent. Please consider whether the penalties apply.

Thank you

Debra Jay, Pres  
Econfina Creek Condo Assoc