FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90165 004 ***150.00

DOCUMENT # H58475

1. Entity Name
WINTERPARK RECREATIONS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2223 TRADE CENTER WAY	2223 TRADE CENTER WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES, FL	City & State: NAPLES, FL
Zip: 34109 Country: USA	Zip: 34109 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2545327 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SIESKY, JAMES H.
Street Address (P.O. Box Number is Not Acceptable): 1000 TAMIAMI TRAIL, NORTH
SUITE 201
City: NAPLES, FL Zip Code: 34102

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D
NAME	HUBSCHMAN, SAMUEL
STREET ADDRESS	2140 HAWKS RIDGE DRIVE, #1703
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	DVT
NAME	HUBSCHMAN, HARRISON
STREET ADDRESS	6855 OLD BANYAN WAY
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	D
NAME	HUBSCHMAN, ALBERT
STREET ADDRESS	525 SOLL STREET
CITY-ST-ZIP	NAPLES, FL 34109
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

HARRISON HUBSCHMAN 4/22/02 941-566-2780