

**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

2223 TRADE CENTER WAY

State, Apt. #, etc.

3. Mailing Address

2223 TRADE CENTER WAY

State, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34109

Country

USA

Zip

34109

Country

USA

4. FFI Number

59-2545327

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

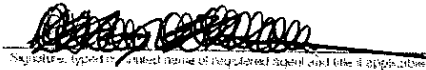
NAPLES, FL

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



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

DATE, Registered Agent Signature required when transacting

DATE

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-STATE-ZIP **NAPLES, FL 34105**

TITLE **DVT**
NAME **HUBSCHMAN, HARRISON**
STREET ADDRESS **6855 OLD BANYAN WAY**
CITY-STATE-ZIP **NAPLES, FL 34109**

TITLE **D**
NAME **HUBSCHMAN, ALBERT**
STREET ADDRESS **585 SOLL STREET**
CITY-STATE-ZIP **NAPLES, FL 34109**

TITLE
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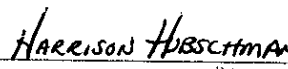
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CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

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

Date

Daytime Phone #

CR2E034B (12/01)