

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002123

1. Entity Name

COCKROACH BAY USER'S GROUP, INC.

FILED

Feb 11, 2002 8:00 am  
Secretary of State

02-11-2002 90091 020 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P O BOX 812  
RUSKIN FL 33570

P O BOX 812  
RUSKIN FL 33570

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

59-3692259

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

FELDSCHAU, CHARLES T  
720 MASTERPIECE DR  
SUN CITY CENTER FL 33573

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 D ☒ Delete  
NAME DURRANCE, WILLIAM  
STREET ADDRESS 1920 LIGHTFOOT ROAD  
CITY-ST-ZIP WIMAUMA FL 33598

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

TITLE D ☒ Delete  
NAME ANDERSON, JAMES  
STREET ADDRESS P O BOX 1414  
CITY-ST-ZIP RUSKIN FL 33570

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

TITLE D ☒ Delete  
NAME MUENCH, GUS JR  
STREET ADDRESS 3031 MANATEE AVENUE, SW  
CITY-ST-ZIP RUSKIN FL 33570

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

TITLE P ☐ Delete  
NAME BENUS, EDWARD P  
STREET ADDRESS 2324 CYPRESS WALK WAY  
CITY-ST-ZIP RUSKIN FL 33570

TITLE P, D. ☒ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME HAMMOND, GEORGE E  
STREET ADDRESS 903 BUNKER VIEW  
CITY-ST-ZIP APOLLO BEACH FL 33572

TITLE VP, D. ☒ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME LAVALLEY, DAN  
STREET ADDRESS 610 MANATEE DRIVE, SW  
CITY-ST-ZIP RUSKIN FL 33570

TITLE T, D. ☒ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

DANIELA LAVALLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/02

Date

813-645-9101

Daytime Phone #

CR2E037 (9/01)