

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000002920

1. Entity Name

DISCOVERY VILLAGE, INC.

Principal Place of Business

Mailing Address

107 10TH AVE STE 3
ST PETE BEACH FL 33706

107 10TH AVE STE 3
ST PETE BEACH FL 33706

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

59-3714166

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

DUFFY, G PETER
107 10TH AVE STE 3
ST PETE BEACH FL 33706

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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
G. Peter Duffy
107 10th Ave, Suite 3
St. Pete Beach, FL 33706

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Rev. GARY E. maker "D"
31-07 VINE Del Mar Blvd.
St. Pete Beach, FL 33706

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Trustee
Daniel G. Duffy "T"
122 Sunset Drive
Wappingers Falls, NY 12590

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Trustee
KATHLEEN JOHNSON "T"
11 Klerman Court
Huntington Station, N.Y. 11746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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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: G. Peter Duffy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/02
Date

727-363-7966
Daytime Phone #

FILED

May 29, 2002 8:00 am
Secretary of State

04-26-2002 90004 002 ****75.00

89300



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)