

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N01983**

1. Entity Name

LAZY RIVER VILLAGE, INC.

Principal Place of Business

**10500 S.TAMiami TRL
NORTH PORT FL 34287**

Mailing Address

**10500 S.TAMiami TRL
NORTH PORT FL 34287**

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 **59-2494828**

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

**DOMBER, HARLAN R PA
3900 CLARK ROAD
SUITE L
SARASOTA FL 34233**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PD	URBAHN, DONALD	126 RORATONGA RD	NORTH PORT FL 34287	<input checked="" type="checkbox"/> Delete

STD	BEAL, PHILLIP	206 MARTINIQUE RD	NORTH PORT FL 34287	<input checked="" type="checkbox"/> Delete
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D	REXFORD, JAKE	104 ISLAND POINT RD	NORTH PORT FL 34287	<input checked="" type="checkbox"/> Delete
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D	HAEBERLE, GEORGE	105 LAZY RIVER RD	NORTH PORT FL 34287	<input type="checkbox"/> Delete
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D	DROLET, NORMAN	137 BERMUDA WAY	NORTH PORT FL 34287	<input checked="" type="checkbox"/> Delete
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D	ERICKSON, PAUL	224 MARTINIQUE RD	NORTH PORT FL 34287	<input checked="" type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PD	David Vroegindewey	103 Tahitian Way	North Port, FL 34287	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Treasurer	Gary Clark	130 Bermuda Way	North Port, FL 34287	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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D /Secretary	Janice Peloquin	113 Bermuda Way	North Port, FL 34287	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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D	Paul Myers	114 Martinique Rd	North Port, FL 34287	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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D	Frank Sykes	109 Lazy River Road	North Port, FL 34287	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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D	Albert Desilets	157 Raratonga Road	North Port, FL 34287	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *David Vroegindewey***FILED**
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90085 034 ****61.25

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DO NOT WRITE IN THIS SPACE

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