

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90097 004 ****61.25

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

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME **PD GERON, DALE**
STREET ADDRESS **113 TORTOLA WAY**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE ☐ Change ☒ Addition
NAME **VP Robert Butera**
STREET ADDRESS **206 MARTINIQUE RD**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE ☒ Delete
NAME **T CLARK, GARY**
STREET ADDRESS **130 BERMUDA WAY**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE ☐ Change ☒ Addition
NAME **T GERARD COTE**
STREET ADDRESS **147 BERMUDA WAY**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE ☒ Delete
NAME **DS PELOQUIN, JANICE**
STREET ADDRESS **113 BERMUDA WAY**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE ☐ Change ☒ Addition
NAME **D BARBARA SHELLEY**
STREET ADDRESS **138 BERMUDA WAY**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE ☐ Delete
NAME **PD COBB, THEODORE**
STREET ADDRESS **112 ISLAND POINT RD**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE ☒ Change ☐ Addition
NAME **PD**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DS HART, ROBERT**
STREET ADDRESS **161 BERMUDA WAY**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE ☒ Change ☐ Addition
NAME **DS**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **D DESILETS, ALBERT**
STREET ADDRESS **157 RARATONGA ROAD**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE ☐ Change ☒ Addition
NAME **D DAVID CHALK**
STREET ADDRESS **123 RARATONGA Rd**
CITY-ST-ZIP **NORTH PORT FL 34287**

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:

THEODORE COBB
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RES. 1/30/03 941-426-4307

CR2E037 (10/02)