

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08904

1. Entity Name

ALL SEASONS VACATION RESORT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

10070 GULF BLVD
MADEIRA BCH FL 33708

Mailing Address

10645 - 1ST STREET EAST
TREASURE ISLAND FL 33706
US

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

59-2783174

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

LIBERTE MANAGEMENT GROUP INC.
10645 FIRST ST. E.
TREASURE ISLAND, 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 PD
NAME SHARPLESS, ROY
STREET ADDRESS 11707 COUNTRY CLUB PL
CITY-ST-ZIP TAMPA FL 33612 ☐ Delete

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

TITLE TD
NAME BAX, GILES
STREET ADDRESS 5270 DENVER ST. N.E.
CITY-ST-ZIP SAINT PETERSBURG FL 33703 ☐ Delete

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

TITLE S
NAME GLEATON, WILLIAM
STREET ADDRESS 3921 LAKE JOYCE DR.
CITY-ST-ZIP LAND O LAKES FL 34639 ☐ Delete

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

TITLE VP
NAME TUETKEN, ROBERT
STREET ADDRESS 208 TEMPLE VALLEY DR
CITY-ST-ZIP TAMPA FL 33617 ☐ Delete

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

TITLE D
NAME DILMORE, JOSEPH
STREET ADDRESS 4672 DEBBIE LANE
CITY-ST-ZIP LUTZ FL 33549 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

02/24/02 727-360-2006

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90025 012 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)