

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24375

1. Entity Name

MAPLE LEAF ESSTATES WOODWORKERS CLUB, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90077 037 ****61.25

Principal Place of Business

Mailing Address

2100 KINGS HIGHWAY
PT. CHARLOTTE FL 33980

2100 KINGS HIGHWAY
PT. CHARLOTTE FL 33980-4258

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

65-0222638

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

LAMBIASE, ROBERT
2100 KINGS HWY
STE 583
PT. CHARLOTTE FL 33980

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	<input type="checkbox"/> Delete
NAME	LAMBIASE, ROBERT	
STREET ADDRESS	2100 KINGS HWY #583	
CITY-ST-ZIP	PT. CHARLOTTE FL 33980	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SCHAEFFER, ROBERT	
STREET ADDRESS	2100 KINGS HWY #243	
CITY-ST-ZIP	PT. CHARLOTTE FL 33980	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	FERNANDES, STAN	
STREET ADDRESS	2100 KINGS HWY. #768	
CITY-ST-ZIP	PT. CHARLOTTE FL 33980	
TITLE	DT	<input type="checkbox"/> Delete
NAME	TEDFORD, THOMAS	
STREET ADDRESS	2100 KINGS HWY #997	
CITY-ST-ZIP	PT. CHARLOTTE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOIRE, MOE	
STREET ADDRESS	2100 KINGS HWY. #	
CITY-ST-ZIP	PT. CHARLOTTE FL 33980	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

THOMAS A. TEDFORD JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/4/00 941-766-1201

CR2E037 (9/99)