

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24375

1. Entity Name

MAPLE LEAF ESSTATES WOODWORKERS CLUB, INC.

Principal Place of Business

2100 KINGS HIGHWAY
PT. CHARLOTTE FL 33980

Mailing Address

2100 KINGS HIGHWAY
PT. CHARLOTTE FL 33980

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

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

7. Name and Address of New Registered Agent

Name **SCHAEFFER, ROBERT**

Street Address (P.O. Box Number is Not Acceptable)
2100 KINGS HWY # 243

City **PT CHARLOTTE** FL Zip Code **33980**

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)

Robert L. Schaeffer

1/21/01
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 PD ☒ Delete
NAME LAMBIASE, ROBERT
STREET ADDRESS 2100 KINGS HWY #583
CITY-ST-ZIP PT. CHARLOTTE FL 33980

TITLE VPD ☐ Delete
NAME SCHAEFFER, ROBERT
STREET ADDRESS 2100 KINGS HWY #243
CITY-ST-ZIP PT. CHARLOTTE FL 33980

TITLE DS ☐ Delete
NAME BOIRE, MOE
STREET ADDRESS 2100 KINGS HWY. #768
CITY-ST-ZIP PT. CHARLOTTE FL 33980

TITLE DT ☐ Delete
NAME TEDFORD, THOMAS
STREET ADDRESS 2100 KINGS HWY #997
CITY-ST-ZIP PT. CHARLOTTE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☒ Addition
NAME **WILMA ANGUS DS**
STREET ADDRESS **2100 KINGS HWY #650**
CITY-ST-ZIP **PT. CHARLOTTE FL 33980**

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/01
Date

941-766-1201
Daytime Phone #

CR2E037 (10/00)