

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

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90129 039 ****61.25

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 KING'S HWY
UNIT 243
PORT CHARLOTTE FL 33980**

20027012



2. Principal Place of Business

3. Mailing Address

2100 KING'S HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT 884

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

PORT CHARLOTTE

4. FEI Number **65-0222638**

Applied For

Not Applicable

Zip

Country

Zip

Country

33980

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHAEFFER, ROBERT
2100 KINGS HWY #243
PT. CHARLOTTE FL 33980**

7. Name and Address of New Registered Agent

Name **POUL LARSEN**

Street Address (P.O. Box Number is Not Acceptable)

2100 KING'S HWY # 884

City

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

SIGNATURE

(Signature) **(POUL LARSEN)**

Mar 17/03

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	PD	<input checked="" type="checkbox"/> Delete
NAME	BOIRE, MAURICE	
STREET ADDRESS	2100 KINGS HWY #310	
CITY-ST-ZIP	PT. CHARLOTTE FL 33980	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	HULWAY, JOSEPH	
STREET ADDRESS	2100 KINGS HWY. #830	
CITY-ST-ZIP	PT. CHARLOTTE FL 33980	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LARSEN, PAUL	
STREET ADDRESS	2100 KINGS HWY #884	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	ANGUS, WILMA	
STREET ADDRESS	2100 KINGS HWY #650	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL PULEO	
STREET ADDRESS	2100 KING'S HWY # 531	
CITY-ST-ZIP	PT CHARLOTTE, FL 33980	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL MUSSARIO	
STREET ADDRESS	2100 KING'S HWY # 1023	
CITY-ST-ZIP	PT CHARLOTTE, FL 33980	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIANE BOIRE	
STREET ADDRESS	2100 KING'S HWY # 310	
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:

(Signature) **(POUL LARSEN)**

Mar 17/03

941-625-1248

CR2E037 (10/02)