

**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**

City & State

City & State

**PORT CHARLOTTE**

Zip

Country

Zip

Country

**33980**

**USA**

4. FEI Number **65-0222638**

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

**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 *Thursen (POUL LARSEN)*

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

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

DATE Mar 17/03

941-625-1248

CR2E037 (10/02)