

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002165

1. Entity Name

LEMON BAY CHORD INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90109 017 ****61.25



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| Principal Place of Business | Mailing Address |
| 1218 JEFFERSON DR ENGLEWOOD FL 34224 | 1218 JEFFERSON DR ENGLEWOOD FL 34224-4618 |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |

| | |
|---------------|---|
| 4. FEI Number | Applied For |
| 65-0466469 | <input type="checkbox"/> Not Applicable |

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | | |
|----------------------------------|--------------------------|--------------------------------|
| 5.-Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
|----------------------------------|--------------------------|--------------------------------|

6. Name and Address of Current Registered Agent

RAPP, DONALD F
 1218 JEFFERSON DR
 ENGLEWOOD FL 34224

7. Name and Address of New Registered Agent

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. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-------------------------------------|--|-----------------------------|--|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD STURROCK, JOHN A 1501 BEACH ROAD #209 ENGLEWOOD FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD RAPP, DONALD F 1218 JEFFERSON DR ENGLEWOOD FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD WEINHEIMER, WILLIAM 6270 CONISTON ST PORT CHARLOTTE FL 33981 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BROWN, JIM 1007 OCEOLA BLVD ENGLEWOOD FL 34223 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPMD MAYNARD, DILL 10121 EDMONTON AVE ENGLEWOOD FL 34224 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SLIGHT, JOHN 5873 HARRISON ROAD VENICE FL 34293 <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD DICKENSON, FRED 32 WATER FORD DRIVE ENGLEWOOD FL 34223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPMD GENSKE, RICK 933 YBOR W VENICE FL 34292 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD SLIGHT, JOHN 5873 HARRISON ROAD VENICE FL 34293 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LINDBERG, CHARLES 7499 SPINAKER BLVD ENGLEWOOD, FL 34224 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DE RIENZO, JIM 7361 ADANA PT CHARLOTTE FL 33981 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHARP, ROBERT 515 SANTE JOSEPH VENICE FL 34285 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: Donald F. Rapp **SIGNATURE REQUIRED** DONALD F. RAPP 1/20/00 941-475 8370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)