

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90278 019 \*\*\*\*61.25

**DOCUMENT # N95000002165**

1. Entity Name

**LEMON BAY CHORD INC.**

Principal Place of Business

1218 JEFFERSON DR  
 ENGLEWOOD FL 34224

Mailing Address

1218 JEFFERSON DR  
 ENGLEWOOD FL 34224

2. Principal Place of Business

**1218 JEFFERSON DR**  
 Suite, Apt. #, etc.

3. Mailing Address

**1218 JEFFERSON DR**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**ENGLEWOOD FL**

City & State

**ENGLEWOOD, FL**

4. FEI Number

**65-0466469**

Applied For

Not Applicable

Zip

Country

**34224-4618**

Zip

Country

**34224-4618**

5. Certificate of Status Desired

**\$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

**34224-4618**

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

*Donald F Rapp*

**2/1/01**

Signatures, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>STURROCK, JOHN A</b> <b>1501 BEACH ROAD #209</b> <b>ENGLEWOOD FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>RAPP, DONALD F</b> <b>1218 JEFFERSON DR</b> <b>ENGLEWOOD FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>SLIGHT, JOHN</b> <b>5837 HARRISON RD</b> <b>VENICE FL 34293</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BROWN, JIM</b> <b>1007 OCEOLA BLVD</b> <b>ENGLEWOOD FL 34223</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHARP, ROBERT</b> <b>515 SANTE JOSEPH</b> <b>VENICE FL 34285</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SLIGHT, JOHN</b> <b>5873 HARRISON ROAD</b> <b>VENICE FL 34293</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>GENSKE, RICHARD</b> <b>933 YBOR W.</b> <b>VENICE, FL 34292-1360</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>DICKINSON, FRED</b> <b>32 WATERFORD DR</b> <b>ENGLEWOOD, FL 34223-2012</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>RAPP, DONALD F</b> <b>1218 JEFFERSON DR.</b> <b>ENGLEWOOD FL, 34224-4618</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>STURROCK, JOHN A</b> <b>1501 BEACH ROAD #209</b> <b>ENGLEWOOD, FL 34223-5846</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>SHARP, ROBERT</b> <b>305 ROSEWOOD CT.</b> <b>VENICE, FL 34293-4136</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LINDBERG, CHARLES</b> <b>7499 SPINAKER BLVD</b> <b>ENGLEWOOD, FL 34224-8222</b>	<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:

**SIGNATURE REQUIRED**

*Donald F Rapp*

DATE

**2/1/01**

Daytime Phone #

**941-475-8370**

CR2E037 (10/00)

Attachment

#19500002K05

ADDITIONAL DIRECTORS

D0014692

11

ADDITION

JAMISON, T.

9 BUNKER WAY

ROTONDA WEST 33947-2111

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WISE, DEAN

169 N. FIJI CIRCLE

ENGLEWOOD FL 34223-6277

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ADDITION