

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002426

1. Entity Name

LAUREL ESTATES SOCIAL CLUB, INC.

Principal Place of Business

2743 BREEZEWOOD DRIVE
NORTH FORT MYERS FL 33917

Mailing Address

2860 BUSINESS U. S. 41
FT. MYERS FL 33903
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

KORP, WILLIAM R ESQ.
333 SOUTH TAMiami TRAIL, SUITE 199
VENICE FL 34285

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. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME LEDANE, ROBERT A
STREET ADDRESS 2743 BREEZEWOOD DRIVE
CITY-ST-ZIP NORTH FORT MYERS FL 33917

TITLE D ☐ Delete
NAME LANOIE, ARMAND L
STREET ADDRESS 2727 TEAKWOOD BLVD
CITY-ST-ZIP NORTH FORT MYERS FL 33917

TITLE D ☐ Delete
NAME BYRD, LEWIS
STREET ADDRESS 2797 INDIANWOOD DRIVE
CITY-ST-ZIP NORTH FT. MYERS FL 33917

TITLE D ☒ Delete
NAME SWENTON, ANDREW
STREET ADDRESS 2754 TEAKWOOD DR
CITY-ST-ZIP N FT MYERS FL

TITLE T ☐ Delete
NAME PLANTENGA, DONALD
STREET ADDRESS 2758 INDIANWOOD DR
CITY-ST-ZIP N FT MYERS FL 33917

TITLE D ☐ Delete
NAME UTTER, ROBERT P
STREET ADDRESS 2772 BREEZEWOOD DRIVE
CITY-ST-ZIP N FORT MYERS FL 33917

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition
NAME D ROBERT SCHLUNDT
STREET ADDRESS 2759 BREEZEWOOD DRIVE
CITY-ST-ZIP NORTH FORT MYERS FL 33917

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

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:

Robert P. Utter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-02

Date

239-997-4103

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)