

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

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90128 040 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0579221**

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

7. Name and Address of New Registered Agent

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

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

TITLE **D** ☐ Delete
NAME **SCHLUNDT, ROBERT**
STREET ADDRESS **2759 BREEZEWOOD DRIVE**
CITY-ST-ZIP **NORTH FORT MYERS FL 33917**

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

TITLE **T** ☒ Delete
NAME **PLANTENGA, DONALD**
STREET ADDRESS **2750 INDIANWOOD DR**
CITY-ST-ZIP **N FT MYERS FL 33917**

TITLE **D** ☐ Change ☒ Addition
NAME **HOWELL CHARLES**
STREET ADDRESS **2746 TEAKWOOD BLVD**
CITY-ST-ZIP **NORTH FT MYERS FL 33917**

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

TITLE **T** ☒ Change ☐ Addition
NAME **ROBERT P. UTTER**
STREET ADDRESS **2772 BREEZEWOOD DRIVE**
CITY-ST-ZIP **N FT MYERS FL 33917**

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* **ROBERT P. UTTER** 3-24-03 239-995-1146

CR2E037 (10/02)