

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90088 035 ***150.00

DOCUMENT # P00000025289

1. Entity Name
OASIS SUN RESORTS, INC.

Principal Place of Business

3710 COUNTY ROAD 54
DAVENPORT FL 33837

Mailing Address

3710 COUNTY ROAD 54
DAVENPORT FL 33837

2. Principal Place of Business

130 SOUTH MAIN STREET

Suite, Apt. #, etc.

3. Mailing Address

130 SOUTH MAIN STREET

Suite, Apt. #, etc.

City & State

WINTER GARDEN, FLORIDA

Zip
34787

Country

U.S.A.

City & State

WINTER GARDEN, FLORIDA

Zip

34787

Country

U.S.A.

4. FEI Number

59-3714406 APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOVONI, BRIAN R
505 AVENUE A, N.W.
SUITE 102
WINTER HAVEN FL 33881

7. Name and Address of New Registered Agent

Name

WILLIAM D. PILOZZI

Street Address (P.O. Box Number is Not Acceptable)

130 SOUTH MAIN STREET

City

WINTER GARDEN

FL

Zip Code

34787

8. The above named entity certifies 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)

2/15/02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back.) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ECKERSLEY, MICHAEL	
STREET ADDRESS	3710 COUNTY ROAD 54	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PLAYER, STEPHEN	
STREET ADDRESS	3710 CR 54	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PLAYER, PATRICIA	
STREET ADDRESS	3710 CR 54	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEBBER, RON	
STREET ADDRESS	3710 CR 54	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLACKBURN, JASON	
STREET ADDRESS	3710 CR 54	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM D. PILOZZI	
STREET ADDRESS	130 SOUTH MAIN STREET	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JASON TIDELL	
STREET ADDRESS	130 SOUTH MAIN STREET	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TY BOWIE	
STREET ADDRESS	130 SOUTH MAIN STREET	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
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		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/02
 Date

407-877-7070
 Daytime Phone #

CR2E034 (9/01)