

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2002 8:00 am
Secretary of State

08-13-2002 90227 016 ***550.00

DOCUMENT # P00000036200

1. Entity Name

GLOBAL RECREATIONAL FINANCE CORP.

Principal Place of Business

**4461 WORTHINGTON CIRCLE
 PALM HARBOR FL 34685**

Mailing Address

**4461 WORTHINGTON CIRCLE
 PALM HARBOR FL 34685**

2. Principal Place of Business

2435 US HWY 19

Suite, Apt. #, etc.

SUITE 510

City & State

HOLIDAY FL

Zip

34691

Country

PASCO

3. Mailing Address

2435 U.S. HWY. 19

Suite, Apt. #, etc.

SUITE 510

City & State

HOLIDAY FL

Zip

34691

Country

PASCO



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3638320

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

SPIELER, SANDY

44610 WORTHINGTON CIRCLE

PALM HARBOR FL 34685

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. 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

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **PTD** ☐ Delete
 NAME **SPIELER, SANDY**
 STREET ADDRESS **4461 WORTHINGTON CIRCLE**
 CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Change ☐ Addition
 NAME **SPIELER, SANDY**
 STREET ADDRESS **2435 U.S. HWY 19, SUITE 510**
 CITY-ST-ZIP **HOLIDAY, FL 34691**

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

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

TITLE ☐ Change ☐ Addition
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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

8/8/02

Date

727-934-1006

Daytime Phone #

CR2E034 (4/02)