

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90146 023 ***150.00

DOCUMENT # P00000057100

1. Entity Name
SPARE TIME RECREATION, INC.

Principal Place of Business
356 GOLFVIEW ROAD, #504
NORTH PALM BEACH FL 33408

Mailing Address
356 GOLFVIEW ROAD, #504
NORTH PALM BEACH FL 33408



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Jupiter LAKES

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

350 MAPLEWOOD DR

City & State

City & State

Jupiter, FL.

Zip **33458** Country **Palm Beach**

Zip Country

4. FEI Number 65-1017146

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAPRISE, FRANK C
356 GOLFVIEW ROAD, #504
NORTH PALM BEACH FL 33408

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

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 ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME CAPRISE, FRANK C
STREET ADDRESS 356 GOLFVIEW ROAD, #504
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE P/D ☒ Change ☐ Addition
NAME FRANK C. CAPRISE
STREET ADDRESS 356 GOLFVIEW RD #504
CITY-ST-ZIP NORTH PALM BEACH, FL. 33408

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V/D ☐ Change ☒ Addition
NAME CAPRISE SUZANNE K.
STREET ADDRESS 356 GOLFVIEW RD #504
CITY-ST-ZIP NORTH PALM BEACH, FL. 33408

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: Frank C. Caprise
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/02 861-743-9200
 Date Daytime Phone #

CR2E034 (9/01)