

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90094 009 \*\*\*550.00

**DOCUMENT # P01000119407**

1. Entity Name  
**PIER II RESORTS, INC.**

Principal Place of Business  
**900 E. OCEAN BLVD., STE. 210-B**  
**STUART FL 34994**

Mailing Address  
**900 E. OCEAN BLVD., STE. 210-B**  
**STUART FL 34994**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2200 SE HIGHWAY 441**

3. Mailing Address

**PO Box 789**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**OKEECHOBEE, FL**

City & State

**OKEECHOBEE, FL**

4. FEI Number

**30-0048531**

Applied For

Not Applicable

Zip

Country

**34974**

Zip

Country

**34973**

5. Certificate of Status Desired

☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HARVIN, WESLEY R**

**900 E. OCEAN BLVD., STE. 210-B**  
**STUART FL 34994**

7. Name and Address of New Registered Agent

Name

**BERNARD J. FITZPATRICK**

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

**2200 SE HIGHWAY 441**

City

**OKEECHOBEE**

FL

Zip Code

**34973**

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]*  
 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 **D** ☐ Delete

NAME **FITZPATRICK, BERNARD**

STREET ADDRESS **2200 SE HWY. 441**

CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

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NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**863-763-8003**  
**855-299-5281**

CR2E034 (4/02)