

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90079 001 ***150.00

DOCUMENT # P01000120024

1. Entity Name
RECREATION INSURANCE MANAGEMENT, INC.



Principal Place of Business
**5780 S. SEMORAN BLVD.
ORLANDO FL 32862**

Mailing Address
**5780 S. SEMORAN BLVD.
ORLANDO FL 32862**



2. Principal Place of Business
5780 S. Semoran Blvd.
Suite, Apt. #, etc.

3. Mailing Address
5780 S. Semoran Blvd.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Orlando FL
Zip
32822
Country
US

City & State
Orlando FL
Zip
32822
Country
US

4. FEI Number
01-0553378

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HANEY, MARK T
201 S. MONROE ST., 2ND FL
TALLAHASSEE FL 32301**

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
GILBERT, ALAN
5780 S. SEMORAN BLVD.
ORLANDO FL 32862** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Orlando FL 32822 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
GILBERT, TERESA
5780 S. SEMORAN BLVD.
ORLANDO FL 32862** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Orlando FL 32822 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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 607, 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:

ALAN W. GILBERT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03
Date

407-382-3344
Daytime Phone #

CR2E034 (10/02)