

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90303 015 ***158.75

DOCUMENT # P02000028844

1. Entity Name
NEW WATER'S EDGE R.V. RESORT, INC.



Principal Place of Business
**C/O 223 TAYLOR STREET
PUNTA GORDA FL 33950**

Mailing Address
**C/O 223 TAYLOR STREET
PUNTA GORDA FL 33950**

2. Principal Place of Business

6800 Golf Course Blvd
Suite, Apt. #, etc.

3. Mailing Address

6800 Golf Course Blvd
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Punta Gorda, FL

Zip
33982
Country
Charlotte

City & State
Punta Gorda, FL

Zip
33982
Country
Charlotte

4. FEI Number
01-0641287

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WOTITZKY, EDWARD L
223 TAYLOR STREET
PUNTA GORDA FL 33950**

7. Name and Address of New Registered Agent

Name
Brenda Hatfield
Street Address (P.O. Box Number is Not Acceptable)
6800 Golf Course Blvd
City
Punta Gorda FL Zip Code
33982

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: **Brenda Hatfield** **Brenda Hatfield President** **1-21-03**
(Signature, typed or printed name of registered agent and fee, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D HATFIELD, MARCUS C
BOX 517 COLT RUN
SPENCER WV 25276** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D HATFIELD, BRENDA L
BOX 517 COLT RUN
SPENCER WV 25276** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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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: **Brenda Hatfield** **Brenda Hatfield** **1-21-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (10/02)