FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
02 MAY 28 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93-62430

1. Entity Name
Victory Lane of Treasure Island, Inc.,

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1005 market Street	
Suite, Apt. #, etc.: 140	Suite, Apt. #, etc.
City & State: Celebration, Florida	City & State
Zip: 34747 Country	Zip Country

4. FEI Number: 59-3198053 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**

Name: Louisa V. Puntoret

Street Address (P.O. Box Number is Not Acceptable): 1005 market Street suite 140

City: Celebration FL Zip Code: 34747

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: Louisa V Puntoret
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President	TITLE	
NAME	Rose Peadigos Steadman	NAME	
STREET ADDRESS	15750 SW 77th Avenue	STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33157	CITY-ST-ZIP	
TITLE	Vice President	TITLE	
NAME	Michael Steadman	NAME	100005753291 -- [illegible]
STREET ADDRESS	15750 SW 77th Avenue	STREET ADDRESS	-06/11/02--01055--001
CITY-ST-ZIP	Miami, Florida 33157	CITY-ST-ZIP	*****61.25 *****61.25
TITLE	Louisa V. Puntoret	TITLE	
NAME		NAME	
STREET ADDRESS	1005 market Street	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	Celebration, Florida 34747	CITY-ST-ZIP	
TITLE		TITLE	**IN THIS SPACE**
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

COR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5/1/02 (407)926-0144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #