

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90245 040 ***150.00

00/5191 AV

DOCUMENT # P95000080150

1. Entity Name
LAKE EUSTIS MARINA, INC.

Principal Place of Business

**350 LAKE SHORE DR
 EUSTIS FL 32726**

Mailing Address

**350 LAKE SHORE DR
 EUSTIS FL 32726**

861760



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number
59-3340194

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CAROLYN C TERRY
 350 LAKESHORE DR
 EUSTIS FL 32726**

7. Name and Address of New Registered Agent

Name
C. DANIEL McMANUS.
 Street Address (P.O. Box Number is Not Acceptable)
350 LAKESHORE DR,
 City
EUSTIS FL Zip Code
32726

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 *Danny McManus VP.* **4-26-02**
 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
 Trust Fund Contribution. ☐ **\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **TD** ☒ Delete
 NAME **MCMANUS, MICHELLE T**
 STREET ADDRESS **19334 MELODY LANE**
 CITY-ST-ZIP **EUSTIS FL 32736**

TITLE **P** ☐ Delete
 NAME **FRED TERRY**
 STREET ADDRESS **814 N EUSTIS STREET**
 CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **VP** ☐ Delete
 NAME **C. DANIEL McMANUS**
 STREET ADDRESS **950 CEDAR AVE.**
 CITY-ST-ZIP **TAVARES FL 32778**

TITLE **S** ☐ Delete
 NAME **CAROLYN TERRY**
 STREET ADDRESS **814 N EUSTIS STREET**
 CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **T** ☐ Delete
 NAME **WILLIAM R. McMANUS**
 STREET ADDRESS **19334 MELODY LANE**
 CITY-ST-ZIP **EUSTIS FL 32736**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
 NAME **VP/D**
 STREET ADDRESS **C. DANIEL McMANUS**
 CITY-ST-ZIP **950 CEDAR AVE
 TAVARES, FL 32778**

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

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

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: *Danny McManus* **DANNY McMANUS** **4-26-02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)