

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90421 007 ***150.00

DOCUMENT # P95000092371

1. Entity Name

T & R ROYAL FLORIDA TOURISTIC & RESIDENCE MANAGEMENT, INC.

Principal Place of Business

**700 W LEELAND HEIGHTS BLVD
 STE 300
 LEHIGH ACRES FL 33936
 US**

Mailing Address

**P. O. BOX 1555
 LEHIGH ACRES FL 33970
 US**

2. Principal Place of Business

909 ROOSEVELT AVE.

3. Mailing Address

P.O. BOX 1555

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LEHIGH ACRES FL

City & State

LEHIGH ACRES FL

Zip

33972

Country

US

Zip

33970 - 1555

Country

US

4. FEI Number

65-0629935

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**REISINGER, MONIKA
 909 ROOSEVELT AVENUE
 LEHIGH ACRES FL 33936**

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.

REISINGER, MONIKA

SIGNATURE

Reisinger Monika

04/09/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **DPS**
 STREET ADDRESS **REISINGER, ANDREAS**
 CITY-ST-ZIP **1067 BAYTREE CT
 LEHIGH ACRES FL 33936**

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

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **REISINGER, WOLFGANG**
 CITY-ST-ZIP **909 ROOSEVELT AVENUE
 LEHIGH ACRES FL 33972**

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **REISINGER, MONIKA**
 CITY-ST-ZIP **909 ROOSEVELT AVENUE
 LEHIGH ACRES FL 33972**

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE V

WOLFGANG REISINGER

04/08/02 (239)-368 0753

Date

Daytime Phone #

CF2E034 (9/01)