

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000010901

1. Entity Name

CASUARINA BAY CORP.

Principal Place of Business

136 OCEAN DRIVE
LAKELAND FL 33811

Mailing Address

4435 HOMEWOOD LANE
LAKELAND FL 33811

2. Principal Place of Business

4435 Homewood Lane
Suite, Apt. #, etc.

3. Mailing Address

4435 Homewood Lane
Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

Lakeland FL

Zip

33811

Country

Polk

Zip

33811

Country

Polk

6. Name and Address of Current Registered Agent

OTTO-FITZDAM, WAYNE
138 PLANTATION AVE.
TAVERNIER FL 33070

4. FEI Number

65-0638989

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Wayne Otto Fitzdam

Street Address (P.O. Box Number is Not Acceptable)

19890 SW 272 St

City

Homestead

FL

Zip Code

33031

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

W. O. Fitzdam

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, 2001 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 D
NAME KOENES, VERNON
STREET ADDRESS 4435 HOMEWOOD LANE
CITY-ST-ZIP LAKELAND FL 33811 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. 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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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Vernon Koenes

Vernon Koenes

3-12-01

8636440256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0529022

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90013 015 ***150.00



DO NOT WRITE IN THIS SPACE