

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91794 042 \*\*\*150.00

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**DOCUMENT # P96000097028**

1. Entity Name

**OYSTER CREEK PROPERTY & FINANCE INC.**



Principal Place of Business

**2600 OBERON RD  
ENGLEWOOD FL 34224  
US**

Mailing Address

**1858 RINGLING BLVD  
SARASOTA FL 34236  
US**

2. Principal Place of Business

3. Mailing Address

**2600 Oberon Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Englewood, FL.**

4. FEI Number

**65-0712708**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34224**

**USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GLENDINNING, RENE M  
1858 RINGLING BLVD  
SARASOTA FL 34236**

*I resign as  
registered agent.*

*Rene M. Glendinning*

7. Name and Address of New Registered Agent

**CARROLL S. BARCO JR.**

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

**1861 PLACIDA RD NW201**

**ENGLEWOOD**

**FL**

**34223**

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 **CARROLL S. BARCO JR.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/29/03**

**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LOWITSCH, DIETHELM</b>	
STREET ADDRESS	<b>2600 OBERON ROAD</b>	
CITY-ST-ZIP	<b>ENGLEWOOD FL 34224</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/29/03**

Date

Daytime Phone #

CR2E034 (10/02)