2000 UNIFORM BUSINESS REPORT (UBR)

FILED
00 APR 26 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000023517

1. Entity Name
RECREATIONAL PROPERTY MANAGEMENT CORP.

Principal Place of Business	Mailing Address
2809 Northwood Cr. Sarasota, FL 34234	Same

2. Principal Place of Business	3. Mailing Address
2809 Northwood Cr.	2809 Northwood Cr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, FL 34234	City & State: Sarasota, FL 34234
Zip: 34234 / Country: US	Zip: 34234 / Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0916167 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Ronald Morris 2393 Fiesta Dr. Sarasota, FL 34231	Name: Keith Bisaha Street Address (P.O. Box Number Is Not Acceptable): 2809 Northwood Cr. City: Sarasota FL Zip Code: 34234

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President & Director Ronald Morris 2393 Fiesta Dr., Sarasota, FL 34231 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President & Director Keith Bisaha 2809 Northwood Cr., Sarasota, FL 34234 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700003245297--4 -05/09/00--01112--006 ****193.75 ****193.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition TS

CR2E034 (9/99)

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: ______________________ 4/24/00 (941)480-0455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
KEITH BISAHA, PRESIDENT & DIRECTOR