

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080582

1. Entity Name

FLORIDA R.V. MANAGEMENT, INC.

FILED

May 12, 2001 8:00 am  
Secretary of State

05-12-2001 90019 042 \*\*\*150.00

Principal Place of Business

13 CLAYMONT CT. SOUTH  
PALM COAST FL 32137

Mailing Address

5900 S. TAMiami TRAIL, SUITE 1  
SARASOTA FL 34231

2. Principal Place of Business

153 LINDA MARIE LANE

3. Mailing Address

Suite, Apt. #, etc.

City & State

Panama City BEACH, FL

City & State

Zip

32408

Country

USA

Country

4. FEI Number

65-0943830

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ASTRONSKAS, CATHERINE L  
5900 S. TAMiami TRAIL, SUITE 1  
SARASOTA FL 34231

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.

SIGNATURE

*Catherine L. Astronskas*

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

(NOTE: Registered Agent signature required when reinstating)

*2-19-01*

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	<input type="checkbox"/> Delete
NAME	HARABURDA, WALTER D	
STREET ADDRESS	13 CLAYMONT CT. SOUTH	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARABURDA, DEBORAH	
STREET ADDRESS	13 CLAYMONT CT. SOUTH	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARABURDA, WALTER D.	
STREET ADDRESS	153 Linda Marie Lane	
CITY-ST-ZIP	Panama City BEACH, FL 32408	
TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARABURDA, Deborah	
STREET ADDRESS	153 Linda Marie Lane	
CITY-ST-ZIP	Panama City Beach, FL 32408	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Walter D. Haraburda*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4-15-01*

CR2E034 (10/00)