

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90186 049 \*\*\*150.00

**DOCUMENT # P99000080582**

1. Entity Name  
**FLORIDA R.V. MANAGEMENT, INC.**

Principal Place of Business  
**153 LINDA MARIE LANE**  
**PANAMA CITY BEACH FL 32408**

Mailing Address  
**5900 S. TAMiami TRAIL, SUITE I**  
**SARASOTA FL 34231**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2608 67th Street**  
 Suite, Apt. #, etc. **West**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**Bradenton FL**

City & State

4. FEI Number **65-0943830**

Applied For  
 Not Applicable

Zip **34209** Country **USA**

Zip Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**D.**  
 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* DATE *1-20-02*  
\*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, 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	HARABURDA, WALTER D	
STREET ADDRESS	153 LINDA MARIE LANE	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE	DVST	<input checked="" type="checkbox"/> Delete
NAME	HARABURDA, DEBORAH	
STREET ADDRESS	153 LINDA MARIE LANE	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HARABURDA, DEBORAH	
STREET ADDRESS	153 LINDA MARIE LANE	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
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/PLST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Walter D. Haraburda	
STREET ADDRESS	2608 67th Street W.	
CITY-ST-ZIP	Bradenton 34209	
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		
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 empowerment.

SIGNATURE: *Walter D. Haraburda*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02 941-921-1949  
 Date Daytime Phone #

CR2E034 (9/01)