


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90758 010 \*\*\*150.00

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<b>DOCUMENT #</b> P99000080582	
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1. Entity Name  
**FLORIDA R.V. MANAGEMENT, INC.**

Principal Place of Business  
**2608 67TH STREET  
BRADENTON FL 34209**

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



2. Principal Place of Business

**627 S. Osprey Ave**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Sarasota FL**

**34236**

**USA**

Zip

Country

4. FEI Number **65-0943830**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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

**CATHERINE L. TRACY**  
Street Address (P.O. Box Numbers Not Acceptable)  
**5900 S. TAMiami TRAIL**  
**#I**  
City **Sarasota** FL **34231**

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

*Catherine L. Tracy*

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

(NOTE: Registered Agent signature required when reinstating)

**2-11-03**

DATE

**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 **DPST**  
NAME **HARABURDA, WALTER D**  
STREET ADDRESS **2608 67TH STREET W**  
CITY-ST-ZIP **BRADENTON FL 34209**

☐ Delete

TITLE  
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STREET ADDRESS  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR**  
NAME **HARABURDA, Walter D**  
STREET ADDRESS **627 S. Osprey Avenue #I**  
CITY-ST-ZIP **SARASOTA, FL 34236**

☒ Change ☐ Addition

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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:

*Walter D. Haraburda*  
**WALTER D. HARABURDA 4-25-03 941-921-1949**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)