

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S01504

1. Entity Name

DEER LAKE R. V. RESORT, INC.

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90014 041 \*\*\*150.00

Principal Place of Business

2881 US 27 N.  
AVON PARK FL 33825

Mailing Address

3706 N. OCEAN BLVD.  
SUITE 401  
FT. LAUDERDALE FL 33308-6451

2. Principal Place of Business

3. Mailing Address

103 Kuhn Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Syracuse, NY 13208

4. FEI Number 59-3033212

Applied For  
Not Applicable

Zip

Country

Zip

Country

13208

USA

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

LEIBY, GINA  
3706 N. OCEAN BLVD  
STE 401  
FT. LAUDERDALE FL 33308

Name Donald E. Cole

Street Address (P.O. Box Number is Not Acceptable)  
4367 N. Federal Hwy

City Ft. Lauderdale FL 33308

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

Donald E. Cole President

04/05/2000

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

(NOTE: Registered Agent signature required when reinstating)

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, 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 PV  
NAME COLE, DONALD E.  
STREET ADDRESS 103-KUHN RD  
CITY-ST-ZIP SYRACUSE NY 13208

TITLE ST  
NAME GINA LEIBY  
STREET ADDRESS 2881 U.S. 27 NORTH  
CITY-ST-ZIP AVON PARK FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CD00004 / 0001