

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90017 010 \*\*\*150.00

0394965

**DOCUMENT # L37611**

1. Entity Name  
**FALLING WATERS RECREATIONS, INC.**

Principal Place of Business

**7200 DAVIS BLVD.  
 NAPLES FL 33962  
 US**

Mailing Address

**7200 DAVIS BLVD.  
 NAPLES FL 33962  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0162052**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**SIESKY, JAMES H.  
 1000 NO. TAMiami TRAIL  
 SUITE 201  
 NAPLES FL 33940-6777**

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 \_\_\_\_\_ 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	ANTENUCCI, ALBO J JR	
STREET ADDRESS	100 S. BEDFORD RD.	
CITY-ST-ZIP	MT. KISCO NY 10549	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FRIEDLAND, GARY	
STREET ADDRESS	100 S. BEDFORD RD.	
CITY-ST-ZIP	MT. KISCO NY 10549	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALODY, PATRICK	
STREET ADDRESS	7200 DAVIS BLVD	
CITY-ST-ZIP	NAPLES FL 34104	
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		

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	Malody, Patrick	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)



Attachment#  
L37611

518259

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

March 14, 2001

FALLING WATERS RECREATIONS, INC.  
7200 DAVIS BLVD.  
NAPLES, FL 33962 US

SUBJECT: FALLING WATERS RECREATIONS, INC.  
Ref. Number: L37611

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

Please return the corrected documents to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

Cathy Cave  
ANNUAL REPORTS SECTION

Letter number: 001A00015646

Director's Office

Attachment#  
L37611

3/07/01

CORPORATE DETAIL RECORD SCREEN

3:45 PM

NUM: L37611

ST:FL ACTIVE/FL PROFIT- --

FLD: 12/18/1989

518259

FEI#: 65-0162052

NAME : FALLING WATERS RECREATIONS, INC.

CHANGED: 06/07/94

PRINCIPAL: 7200 DAVIS BLVD.

ADDRESS NAPLES, FL 33962 US

NAME CHG: 06/03/93

RA NAME : SIESKY, JAMES H.

ADDR CHG: 06/03/93

RA ADDR : 1000 NO. TAMIAMI TRAIL

SUITE 201

NAPLES, FL 33940-6777 US

ANN REP : (1998) B 05/06/98 (1999) A 05/07/99 (2000) A 04/03/00

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1. MENU, 3. OFFICERS

ENTER SELECTION AND CR: