# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Sep 12, 2001 8:00 am**
**Secretary of State**
09-12-2001 90202 001 ***550.00
09-12-2001 90202 002 *****8.75

DOCUMENT # 515658

1. Entity Name
RECREATION WORLD, INC.

12558

| Principal Place of Business | Mailing Address |
|---|---|
| 13906 W. COLONIAL DRIVE<br>WINTER GARDEN FL 34787 | 13906 W. COLONIAL DRIVE<br>WINTER GARDEN FL 34787 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-1695648 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| MASHBURN, ERIC S<br>102 MAPLE ST.<br>WINTER GARDEN FL 34787 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____
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 $550.00**
**After September 12, 2001 Fee will be $750.00**
**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 / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>MCNAMARA, DONALD L<br>6232 WYNFIELD CT.<br>ORLANDO FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>ROCHA, RICHARD F<br>16525 MAJESTIC CT.<br>CLERMONT FL 34711 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GIBBS, SPENCE<br>13906 W. COLONIAL DR.<br>WINTER GARDEN FL 34787 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MCNAMARA, L<br>160 W HAMPTON DR<br>PALM COAST FL 32164 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR<br>HEALY, PARIS<br>332 FULLERS CROSS<br>WINTER GARDEN, FL. 34787 | ☐ Delete<br>☑ ADDITION | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR<br>BURTON, LOREN T.<br>10440 LAKE SHORE DRIVE<br>CLERMONT, FL. 34711 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR<br>MEDEROS, STEWART<br>13112 LUXBURY LOOP<br>ORLANDO, FL 32837 | ☐ Delete<br>☑ ADDITION | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (5/01)

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:** Donald McNamara CEO/DIRECTOR 9/6/01 407-656-6444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #