

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90196 021 \*\*\*150.00

**DOCUMENT # 592142**

1. Entity Name  
**FLEETWOOD HOLIDAYS, INC.**

Principal Place of Business <b>C/O FLEEWOOD ENTERPRISES INC          3125 MYERS ST. PO BOX 7638          RIVERSIDE CA 42513-7638          US</b>	Mailing Address <b>C/O FLEEWOOD ENTERPRISES INC          3125 MYERS ST. PO BOX 7638          RIVERSIDE CA 42513-7638          US</b>
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**00053280**



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 <b>95-3406951</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

**7. Name and Address of New Registered Agent**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CCEO KUMMER, G F 3125 MYERS, ST RIVERSIDE CA 92513-7638</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCD POTTER, N W 3125 MYERS STREET RIVERSIDE CA 92503</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VASD BINGHAM, PAUL M 3125 MYERS ST,BOX 7638 RIVERSIDE CA 92513-7638</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD LEAR, WILLIAM H. 3125 MYERS ST,BOX 7638 RIVERSIDE CA 92513-7638</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTAS LARKIN, LYLE N. 3125 MYERS ST,BOX 7638 RIVERSIDE CA 92513-7638</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VASD BOYD R. PLOWMAN 3125 MYERS ST, Box 7638 RIVERSIDE CA 92513-7638</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD FORREST D. THEOBALD WILLIAM J. GEORGE 3125 MYERS ST, BOX 7638 RIVERSIDE CA 92513-7638</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Lyle Larkin* **LYLE LARKIN VP-TREASURER 4/25/01 (909) 351-3797**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment  
~~#~~ 592142  
00053280

FLEETWOOD HOLIDAYS INC.

OFFICERS & DIRECTORS

Glenn F. Kummer	Chairman of the Board & Chief Executive Officer
Nelson W. Potter	President, Chief Operating Officer
Charles A. Wilkinson	Sr. Vice President - Housing Group
Carl D. Betcher	Sr. Vice President - RV Group
Boyd R. Plowman	Sr. Vice President - Finance and Assistant Secretary
Forrest D. Theobald	Vice President - General Counsel and Secretary
Lyle N. Larkin	Vice President - Treasurer and Assistant Secretary

DIRECTORS:

Glenn F. Kummer  
Nelson W. Potter  
Boyd R. Plowman  
Lyle N. Larkin

ALL CORRESPONDENCE DIRECTED TO ANY OF THE  
ABOVE SHOULD BE ADDRESSED AS FOLLOWS:

P. O. BOX 7638  
RIVERSIDE, CA 92513-7628

4/16/01.