

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90262 009 ***150.00

NR729001 AR

DOCUMENT # 592142

1. Entity Name
FLEETWOOD HOLIDAYS, INC.



Principal Place of Business
**C/O FLEEWOOD ENTERPRISES INC
3125 MYERS ST. PO BOX 7638
RIVERSIDE CA 42513-7638
US**

Mailing Address
**C/O FLEEWOOD ENTERPRISES INC
3125 MYERS ST. PO BOX 7638
RIVERSIDE CA 42513-7638
US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **95-3406951**
Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	VASD PLOWMAN, BOYD R 3125 MYERS ST, BOX 7638 RIVERSIDE CA 92513-7638	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD THEOBALD, FORREST D 3125 MYERS ST, BOX 7638 RIVERSIDE CA 92513-7638	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAS LARKIN, LYLE N. 3125 MYERS ST, BOX 7638 RIVERSIDE CA 92513-7638	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHARLES, WILKINSON 3125 MYERS ST. RIVERSIDE CA 92513	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO PLOWMAN, BOYD R. 3125 MYERS ST., P.O. BOX 7638 RIVERSIDE CA 92513-7638	<input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAUDILL, EDWARD D. 3125 MYERS ST., P.O. BOX 7638 RIVERSIDE CA 92513-7638	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lyle N. Larkin* **LYLE N. LARKIN** 4/17/03 (909) 351-3797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #

CR2E034 (10/02)

90104993

ATTACHMENT
592142

FLEETWOOD HOLIDAYS INC.

OFFICERS & DIRECTORS

Edward B. Caudill	President & Chief Executive Officer
Charles A. Wilkinson	Executive Vice President – Operations
Boyd R. Plowman	Executive Vice President – Chief Financial Officer
Forrest D. Theobald	Sr. Vice President - General Counsel and Secretary
Lyle N. Larkin	Vice President - Treasurer and Assistant Secretary

DIRECTORS:

Edward B. Caudill
Charles A. Wilkinson
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

9/10/02