

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 644293

1. Entity Name

GARNER CAMP, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90065 019 ***150.00

Principal Place of Business

Mailing Address

C/O FREDDIE GARNER
 14844 LEE ROAD
 GROVELAND FL 34736-9114

C/O FREDDIE GARNER
 14844 LEE ROAD
 GROVELAND FL 34736-9114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Groveland,

City & State
 Fla.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip
 34736

Country
 Lake

Zip
 34736

Country
 Lake

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

GARNER, FREDDIE
 14144 LEE ROAD
 GROVELAND FL 34736

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

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	P	<input type="checkbox"/> Delete
NAME	GARNER, LOWELL	
STREET ADDRESS	414 LOUIS ST	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUMMNER, JUANITA	
STREET ADDRESS	RT 1 BOX 398	
CITY-ST-ZIP	CHIEFLND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARNER, R C	
STREET ADDRESS	739 EVERGREEN DR.	
CITY-ST-ZIP	LAKE PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOOTEN, MARGARET	
STREET ADDRESS	P.O. BOX 243, NA	
CITY-ST-ZIP	WALDO FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GARNER, FREDDIE	
STREET ADDRESS	148 - 44 LEE RD.	
CITY-ST-ZIP	GROVELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MICHAEL GARNER	
STREET ADDRESS	14844 LEE RD.	
CITY-ST-ZIP	GROVELAND FL	

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		
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:

Freddie A. Garner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-2000
 Date

352-429-2628
 Daytime Phone #

CR2E034 (9/99)