

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708408

1. Entity Name

SOUTHERN MENNONITE CAMP ASSOCIATION, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90298 045 \*\*\*\*61.25

Principal Place of Business 25458 DAN BROWN HILL RD. BROOKSVILLE FL 34602	Mailing Address 25458 DAN BROWN HILL RD. BROOKSVILLE FL 34602-8276
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1288067</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>BROCK, W. RICHARD</b> 25458 DAN BROWN HILL ROAD BROOKSVILLE FL 34602	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OVERHOLT, FRAN</b> <b>108 MAGNOLIA LN</b> <b>EUSTIS FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>TROYER, KEITH</b> <b>1030 WAGON WHEEL DR</b> <b>SARASOTA FL</b>	<input type="checkbox"/> Delete	<b>DT</b> <b>Emil D'Ariano</b> <b>2243 S.E. 27th St.</b> <b>Cape Coral, FL 33904</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>SOUDER, TAMMY</b> <b>1050 TARA VISTA DR</b> <b>SARASOTA FL 34232</b>	<input type="checkbox"/> Delete	<b>D</b> <b>Paul Karr</b> <b>15550 Burnt Store Rd. #240</b> <b>Punta Gorda, FL 33955</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ADAMS, NANCY</b> <b>711 ALBRITTON AVE</b> <b>SARASOTA FL 34232</b>	<input type="checkbox"/> Delete	<b>VD</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>WELSH, BOB</b> <b>612 SW 6TH AVENUE</b> <b>CAPE CORAL FL 33991</b>	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>BOULTON, BRAD</b> <b>4104 HIDDEN ACRES CIR</b> <b>NO FT MYERS FL 33903</b>	<input type="checkbox"/> Delete	<b>D</b>

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 617, 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: \_\_\_\_\_ DATE: **4/10/00** DAYTIME PHONE #: **941-377-3521**

**SIGNATURES REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)