2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2000 8:00 am
Secretary of State
04-06-2000 90045 030 ****61.25

DOCUMENT # 721876

1. Entity Name

TRUSTEE CORPORATION OF CAMPER'S HOLIDAY ASSOCIAT

Principal Place of Business	Mailing Address
2092 CULBREATH ROAD BROOKSVILLE FL 34602	2092 CULBREATH ROAD BROOKSVILLE FL 34602-6121

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 59-1302547 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TANKEL, ROBERT
1299 MAIN ST
STE F
DUNEDIN FL 34698

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 _____
Signature, typed or printed name of registered agent and title if applicable (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	T DIGET, JANE 2092 CULBREATH RD LT B37 BROOKSVILLE FL 34602-6147	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPD ALLEN, CARL 2092 CALBREATH RD BROOKSVILLE FL 34602-6147	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FVPD ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAY, EDWARD A J 2092 CULBREATH RD, #A-16 BROOKSVILLE FL 64602-6147	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SCHNEDLER, GWENDOLYN 2092 CULBREATH RD. B38 BROOKSVILLE FL 34602-6147	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAMMOND, GEORGE 2092 CULBREATH RD A13 BROOKSVILLE FL 34602-6147	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPD Norman States 2092 Culbreath Rd Brooksville, FL 34602-6121 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FVPD GRAVES, ELEANOR 2092 CULBREATH RD BROOKSVILLE FL 34602-6147	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☒ Change ☐ Addition

CR2E037 (9/99)

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: Jane Diget PJane Diget 352-796-5075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SIGNATURE REQUIRED