

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90058 034 ****61.25

DOCUMENT # 721876

1. Entity Name

TRUSTEE CORPORATION OF CAMPER'S HOLIDAY ASSOCIAT

Principal Place of Business

**2092 CULBREATH ROAD
 BROOKSVILLE FL 34602**

Mailing Address

**2092 CULBREATH ROAD
 BROOKSVILLE FL 34602**

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

7. Name and Address of New Registered Agent

**TANKEL, ROBERT
 1299 MAIN ST
 STE F
 DUNEDIN FL 34698**

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**

**Mako Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☐ Delete
 NAME **DIGET, JANE**
 STREET ADDRESS **2092 CULBREATH RD LT B37**
 CITY-ST-ZIP **BROOKSVILLE FL 34602-6147**

TITLE **D** ☐ Change ☒ Addition
 NAME **PAUL STARK**
 STREET ADDRESS **2029 CULBREATH RD LOT A-1**
 CITY-ST-ZIP **BROOKSVILLE, FL 34602-6147**

TITLE **FVD** ☐ Delete
 NAME **ALLEN, CARL**
 STREET ADDRESS **2092 CALBREATH RD**
 CITY-ST-ZIP **BROOKSVILLE FL 34602-6147**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **PD** ☐ Delete
 NAME **DAY, EDWARD A J**
 STREET ADDRESS **2092 CULBREATH RD, #A-16**
 CITY-ST-ZIP **BROOKSVILLE FL 34602-6147**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **S** ☐ Delete
 NAME **SCHNEIDER, GWENDOLYN**
 STREET ADDRESS **2092 CULBREATH RD. B38**
 CITY-ST-ZIP **BROOKSVILLE FL 34602-6147**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SVD** ☐ Delete
 NAME **STATES, NORMAN**
 STREET ADDRESS **2092 CULBREATH RD**
 CITY-ST-ZIP **BROOKSVILLE FL 34602-6121**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☒ Delete
 NAME **GRAVES, ELEANOR**
 STREET ADDRESS **2092 CULBREATH RD**
 CITY-ST-ZIP **BROOKSVILLE FL 34602-6147**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE: X

SIGNATURE REQUIRED

X **3/2/01**

352

X **799-4424**

CR2E037 (10/00)