2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # 737087 Jan 28, 2000 8:00 am 1. Entity Name **Secretary of State** CAMP ENDEAVOR, INC. 01-28-2000 90091 006 ****61.25 Principal Place of Business Mailing Address P O BOX 910 1301 SOUTHERN RD DUNDEE FL 33838-0910 DUNDEE FL 33838 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-1705990 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MAZZUCO, LORETTA R 9750 SUNBEAM DR **NEW PORT RICHEY FL 34654** Zip Code City FI 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. Filtro Mill er in her 4 m 1 4 2 3 3 m 1 1 2 m SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Change TITLE ☐ Addition TITLE ☐ Delete C/DNAME NAME MAZZUCO, LORETTA Mazzuco, Loretta STREET ADDRESS STREET ADDRESS 9750 SUNBEAM DR 9750 Sunbeam Drive CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FI** New Port Richey, Fi Delete Addition Change TITLE TITLE CD P/D NAME COVER, NORMAN Vega, Joe STREET ADDRESS STREET ADDRESS 70 GREENFIELD CT 7150_Mullins_Road -CITY-ST-ZIP-CITY-ST-ZIP WINTER HAVEN FL Brooksville,Florida Change ☐ Addition ☐ Delete TITLE TITLE TD Up/D NAME NAME **BURCH. FREDERICK** STREET ADDRESS Burch, Frederick STREET ADDRESS 14220 66TH STREET NORTH, STE C 14220 66th St. North Ste C CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 34624 Clearwater, Florida □ Change ☐ Addition Delete TITLE TITLE **VD** NAME NAME PERCY, MEL STREET ADDRESS STREET ADDRESS P O BOX 1027 CITY-ST-ZIP CITY-ST-ZIP DUNDEE FL 33828 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME HENRY, THELMA Henry, Thelma STREET ADDRESS STREET ADDRESS 12 Holmes P1. 112 HOLMES PL CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33884 <u> Winter Haven. Florida</u> Addition ☐ Change ☐ Delete TITLE TITLE VP/D NAME NAME SHORETTA, MICHAEL Rick O'Keefe STREET ADDRESS STREET ADDRESS 333 SIXTH ST SW 9826 Gingerwood Drive CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 WINTER HAVEN FL changed, or on an attachment with an address

Daytime Phone #