

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90161 026 ***150.00

DOCUMENT # **F07228**

1. Entity Name
HOLIDAY TRAVEL PARK CO-OP, INC.

Principal Place of Business OLD DIXIE HWY FL 32110	Mailing Address HC 1 BOX 54 BUNNELL FL 32110-9708 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2094700	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**BRIDGES, CONNIE
 HC 1 BOX 54A
 2261 OLD DIXIE HWY
 BUNNELL FL 32110**

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 CONNIE BRIDGES CONNIE BRIDGES DATE 2-18-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE PD	<input type="checkbox"/> Delete
NAME LOUCKS, JOHN	
STREET ADDRESS HC 1-BOX 54	
CITY-ST-ZIP BUNNELL FL 32110	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME DEFREECE, ARCEENE	
STREET ADDRESS HCI BOX 54	
CITY-ST-ZIP BUNNELL FL	
TITLE SD	<input checked="" type="checkbox"/> Delete
NAME HARDIE, GLADYS	
STREET ADDRESS HCI BOX 54	
CITY-ST-ZIP BUNNELL FL	
TITLE D	<input type="checkbox"/> Delete
NAME FERRELL, WILLIAM	
STREET ADDRESS HC 1-BOX 54	
CITY-ST-ZIP BUNNELL FL	
TITLE VPD PRES.	<input type="checkbox"/> Delete
NAME GILLINGHAM, GORMAN	
STREET ADDRESS HCI BOX 54	
CITY-ST-ZIP BUNNELL FL	
TITLE D	<input type="checkbox"/> Delete
NAME GREENLAW, GORDON	
STREET ADDRESS HCI BOX 54	
CITY-ST-ZIP BUNNELL FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MEYERS, JAN	
STREET ADDRESS HCI-Box 54A	
CITY-ST-ZIP BUNNELL, FL. 32110	
TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BUEL, WYMAN	
STREET ADDRESS HCI-Box 54A	
CITY-ST-ZIP BUNNELL, FL. 32110	
TITLE TREAS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KIAYER, DAVID	
STREET ADDRESS HCI-Box 54A	
CITY-ST-ZIP BUNNELL, FL. 32110	
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: Jan Meyers - Sec. DATE 2-18-00 DAYTIME PHONE # 904-672-8122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)