

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90006 042 ***150.00

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DOCUMENT # **F07228**

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

Principal Place of Business
2261 OLD DIXIE HWY
BUNNELL FL 32110
US

Mailing Address
HC 1 BOX 54 2261 S. OLD DIXIE HWY
BUNNELL FL 32110
US



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
2261 Old Dixie Hwy-Office
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Bunnell FL

4. FEI Number **59-2094700** Applied For
 Not Applicable

Zip **32110** Country **US**

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

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

7. Name and Address of New Registered Agent
 Name **JERRY C. KNIGHT**
 Street Address (P.O. Box Number is Not Acceptable)
C/O GRACE ACCOUNTING SERVICE, INC.
P.O. BOX 1258
 City **FLAYLER BEACH** FL Zip Code **32136**

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 *Jerry C. Knight*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D LOUCKS, JOHN HC 1-BOX 54 BUNNELL FL 32110	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEYERS, JAN HC1 BOX 54A BUNNELL FL 32110	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WYMAN, BUEL HC1 BOX 54A BUNNELL FL 32110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRELL, WILLIAM HC 1-BOX 54 BUNNELL FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DILLINGHAM GILLINGHAM, GORMAN HC1 BOX 54 BUNNELL FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENLAW, GORDON HC1 BOX 54 BUNNELL FL	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Glaysd Hardie 2261 S. Old Dixie Hwy-Office Bunnell, FL 32110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Ann Nelson 2261 S. Old Dixie Hwy-Office Bunnell, FL 32110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Gorman Dillingham*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)