

2000 UNIFORM BUSINESS REPORT (UBR)

0014563 AF

DOCUMENT # **L97000000717**

FILED

1. Entity Name
BEN'S HITCHING POST CAMPGROUND, L.C.

00 JAN 10 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2440 NE 115TH AVE. SILVER SPRINGS FL 34488	Mailing Address 2440 NE 115TH AVE. SILVER SPRINGS FL 34488-2526
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3453610		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
SCHULTZ, PATRICIA 2440 NE 115TH AVE. SILVER SPRINGS FL 34488				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 Patricia Schultz *Patricia Schultz* DATE 1-7-00

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM SCHULTZ, PATRICIA 2440 NE 115TH AVE. SILVER SPRINGS FL 34488	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500003098595--0 -01/14/00--01090--024 *****55.00 *****55.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM SCHULTZ, LEROY SR. 2440 NE 115TH AVE. SILVER SPRINGS FL 34488	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Patricia Schultz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date _____ Daytime Phone # _____

CP2E083 (9/99)