

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 26, 2002 8:00 am**  
**Secretary of State**

08-26-2002 90068 003 \*\*\*\*70.00

**DOCUMENT # NO1000007584**

1. Entity Name

**MANATEE RV PARK COMMUNITY CHURCH, INC.**

Principal Place of Business

Mailing Address

6302 U.S. HIGHWAY 41 SOUTH LOT 216  
 PALMETTO FL 34221

6302 U.S. HIGHWAY 41 SOUTH LOT 216  
 PALMETTO FL 34221

B0135248



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**RUSKIN FL.**

4. FEI Number

**26-0005668**

Applied For

Not Applicable

Zip

Country

Zip  
**33570**

Country

**USA**

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

**ALSTADT, FLOYD K**  
**6302 U.S. HIGHWAY 41 SOUTH LOT 216**  
**PALMETTO FL 34221**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**RUSKIN**

FL

Zip Code

**33570**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Floyd K. Alstadt*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-20-02

DATE

After September 13, 2002,  
 min. will be \$236.25.

9. Election Campaign Financing  
 Trust Fund Contribution.

\$5.00 May Be  
 Added to Fees

Make Check Payable to  
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEAN WEBORG 6302 U.S. 41 SO # A106 RUSKIN, FL 33570 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARGARET BEIGHTOL 6302 U.S. 41 SO # A109 RUSKIN, FL 33570 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN FLOYD K. ALSTADT 6302 U.S. 41 SO # 216 RUSKIN, FL 33570 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE JANE VAN ALLEN 6302 U.S. 41 SO # 153 RUSKIN, FL 33570 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE ART LEE 6302 U.S. 41 SO # 235 RUSKIN, FL 33570 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE JACK ROGERS 6302 U.S. 41 SO # A101 RUSKIN, FL 33570 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE JOHN DECKER 6302 U.S. 41 SO # 339 RUSKIN, FL 33570 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: *Floyd K. Alstadt* **REQUIRED**

8-20-02 813 641-2414

CR2E037 (4/02)