

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N33770**

1. Entity Name

**THE GREAT OUTDOORS PREMIER R.V./GOLF RESORT II C**

**FILED**  
**Mar 09, 2000 8:00 am**  
**Secretary of State**

03-09-2000 90113 008 \*\*\*\*61.25

Principal Place of Business <b>145 PLANTATION DR TITUSVILLE FL 32780 US</b>	Mailing Address <b>145 PLANTATION DR TITUSVILLE FL 32780-2528 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-2964959</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**EVANS, JOHN H  
1702 S WASHINGTON AVE  
TITUSVILLE FL 32780**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	<b>D V</b> <input type="checkbox"/> Delete
NAME	<b>GRITTER, WILL</b>
STREET ADDRESS	<b>135 PLANTATION DR.</b>
CITY-ST-ZIP	<b>TITUSVILLE FL</b>
TITLE	<b>DP</b> <input type="checkbox"/> Delete
NAME	<b>MC DONALD, KEITH</b>
STREET ADDRESS	<b>145 PLANTATION DR</b>
CITY-ST-ZIP	<b>TITUSVILLE FL 32780</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>JOHNSON, LOIS</b>
STREET ADDRESS	<b>145 PLANTATION DR</b>
CITY-ST-ZIP	<b>TITUSVILLE FL 32780</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>DS/T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NANCY WEIDNER</b>
STREET ADDRESS	<b>145 PLANTATION DRIVE</b>
CITY-ST-ZIP	<b>TITUSVILLE, FL 32780</b>
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 another like empowered.

**SIGNATURE:** KEITH MC DONALD **3-1-00** **407/268-9767**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)