

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40306

1. Entity Name

THE GREAT OUTDOORS PREMIER R.V./GOLF RESORT III

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

03-09-2000 90113 005 ****61.25

Principal Place of Business

Mailing Address

145 PLANTATION DR.
 TITUSVILLE FL 32780
 US

145 PLANTATION DR.
 TITUSVILLE FL 32780-2528
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3043105

Applied For

Not Applicable

Zip

Country

Zip

Country

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

EVENS, JOHN H
1702 S.WASHINGTON AVE
SUITE 138
TITUSVILLE FL 32780

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
FEE IS \$61.25

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 Delete
 NAME **D**
COBURN, NORM
 STREET ADDRESS **145 PLANTATION DR.**
 CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE Change Addition
 NAME **DP**
JOAN CONNELL
 STREET ADDRESS **145 PLANTATION DR.**
 CITY-ST-ZIP **TITUSVILLE, FL 32780**

TITLE Delete
 NAME **D**
CONNELL, JOAN
 STREET ADDRESS **145 PLANTATION DR.**
 CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE Change Addition
 NAME **DV**
NORM COBURN
 STREET ADDRESS **145 PLANTATION DR.**
 CITY-ST-ZIP **TITUSVILLE, FL 32780**

TITLE Delete
 NAME **DV**
CONNELL, JOAN
 STREET ADDRESS **135 PLANTATION DR.**
 CITY-ST-ZIP **TITUSVILLE FL**

TITLE Change Addition
 NAME **DS/T**
JOHN METZ
 STREET ADDRESS **145 PLANTATION DR.**
 CITY-ST-ZIP **TITUSVILLE, FL 32780**

TITLE Delete
 NAME **DST**
MEYER, WAYNE
 STREET ADDRESS **135 PLANTATION DR.**
 CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 all other like empowered.

SIGNATURE: Joan Connell **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-00

Date

321/268-9767

Daytime Phone #

CR2E037 (9/99)