2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 13, 2003 8:00 am Secretary of State

UNIFORM BUSINESS REPORT (UBR)				Secretary of State	
DOCUMENT # N9700000695 1. Entity Name CENTRAL FLORIDA COLEMAN CAMPERS CLUB, INC.				02-13-2003 90261 022 ****61.25	
Principal Place of Business 706 THISTLE PL		Mailing Address 708 THISTLE PL	<u> </u>		
vinter springs	FL 32708-2126	WINTER SPRINGS FL 32	708-2126		
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2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	;	☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State	N Kg.	4. FEI Number 59-3428347 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	8. Name and Address of Cu	rrent Registered Agent		7. Name and Address of New Registered Agent	
HUBLER, BAI	DOADA		Name		
910 W 20TH			Street Address (P.O. Box Number is Not Acceptable)	
SANFORD FL					
			City	FL Zip Code	
. The above name	ned entity submits this statem	ent for the purpose of changing it	ts registered office or register	red agent, or both, in the State of Florida. I am familiar with, and accept	
เก ฮ บบกฎสแบ าร	of registered agent.				
GNATURE					
Signa	sture, typed or printed name of registered	agent and title if applicable. (NO	TE: Registered Agent signature required	when reinstating) DATE	
FILE	NOW: FEE IS \$61.25		mpaign Financing Contribution	\$5.00 May Be Make Check Payable to	

Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE Change ☐ Addition MONTROSS, JUDITH NAME NAME 706 THISTLE PL. STREET ADDRESS STREET ADDRESS CR2E037 CITY-ST-ZIP WINTER SPRINGS FL 32708 CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition NAME WHITRIGHT, MARQUERITE NAME STREET ADDRESS 1298 HOLLYWOOD DR. STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 347,86 CITY-ST-ZIP TITLE Delete, TITLE - 🔲 Addition MORGAN, DEBBIE NAME NAME -STREET ADDRESS 3829 BAINBRIDGE AVE. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32839 CITY-ST-ZIP TITLE Delete 24 TITLE Change ☐ Addition MURPHY, MICHAEL B NAME PAUL WEATHERHOLT NAME STREET ADDRESS **5253 ANDREA BLVD** 10567 FAIRHAVEN WAY STREET ADDRESS CITY-ST-ZIP DRLANDO, FL 32825 ORLANDO FL 32708 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WOLFF, CAROL NAME NAME STREET ADDRESS 647 ELMWOOD DR. STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS FL 32708 CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not quality 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:

JUSTICE RECTUBRATION TEOSS

1/11/2003

407-699-3039

Dayt



February 10, 2003

Annual Reports Section
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Re: Reference Numbers N97000000695 and 000000081537

Attached please find two letters received by me. The first one, written by /cw, implied that I failed to include our check in the amount of \$61.25 at the time of filing our nonprofit annual report. The second letter, written by /bg, indicated that both the annual report and the filing fee must be received together in order to be processed, and included our check.

I can assure you that I did not mail the nonprofit annual report and our check in separate envelopes. I can only assume that they were separated by someone in your department.

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A copy of the nonprofit annual report, and our original check are attached.

Sincerely,

Judith Montross

Judith Montross President