

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000717

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

Principal Place of Business Mailing Address
2440 NE 115TH AVE. 2440 NE 115TH AVE.
SILVER SPRINGS FL 34488 SILVER SPRINGS FL 34488

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90019 003 ****\$5.00

902198



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3453610 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHULTZ, PATRICIA
2440 NE 115TH AVE.
SILVER SPRINGS FL 34488

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 *Patricia Schultz*

(NOTE: Registered Agent signature required when reinstating)

DATE Jan 8 2002

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MEM
NAME SCHULTZ, PATRICIA
STREET ADDRESS 2440 NE 115TH AVE.
CITY-ST-ZIP SILVER SPRINGS FL 34488 ☐ Delete

TITLE NAME MEM
NAME SCHULTZ, LEROY SR.
STREET ADDRESS 2440 NE 115TH AVE.
CITY-ST-ZIP SILVER SPRINGS FL 34488 ☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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*

DATE Jan 8 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

DATE DAYTIME PHONE #

0041164

CR2E083 (9/01)