

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 290862

1. Entity Name
LE FILS OAK HILL FISHING CAMP, INC.

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90115 031 ***150.00

Principal Place of Business
EAST END HALIFAX AVE.
P.O. BOX 117
OAK HILL FL 32759

Mailing Address
EAST END HALIFAX AVE.
P.O. BOX 117
OAK HILL FL 32759

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1091890-

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

DEWEES, WILLIAM R
239 LAGOON AVE.
OAK HILL FL 32759

Name Doris S. Dewees
Street Address (P.O. Box Number is Not Acceptable)
239 Lagoon Ave.
City Oak Hill FL Zip Code 32759

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 Doris S. Dewees Doris S. Dewees 1-9-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME D
STREET ADDRESS DEWEES, WILLIAM R
CITY-ST-ZIP 239 LAGOON AVE.
OAK HILL FL Deceased

TITLE ☐ Delete
NAME P
STREET ADDRESS DEWEES, MARK W.
CITY-ST-ZIP 158 BLINN ST.
OAK HILL FL

TITLE ☐ Delete
NAME ST
STREET ADDRESS DEWEES, DORIS S
CITY-ST-ZIP 239 LAGOON AVE.
OAK HILL FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Doris S. Dewees Doris S. Dewees 1-9-02 386-345-3127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)