## 2000 UNIFORM BUSINESS REPORT (UBR)

## Feb 15, 2000 8:00 am Secretary of State DOCUMENT # 355773 1. Entity Name PALM LAKE TRAILER AND CAMPING RESORT, INC. 02-15-2000 90050 041 \*\*\*150.00 Principal Place of Business Mailing Address 11401 BONITA BEACH RD., SE 11401 BONITA BEACH RD., SE **BONITA SPRINGS FL 34135** BONITA SPRINGS FL 34135-5900 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1282077 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LUND. BJARNE DONNELLY, DOROTHY Street Address (P.O. Box Number is Not Acceptable) 11401 BONITA BEACH RD., SE **BONITA SPRGS FL 33923** 11401 BONITA BEACH RD., SE Zip Code BONITA SPRINGS <u>34135</u> 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. BJARNE LUND FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PD ☐ Change Addition TITLE ☐ Delete LUND, BJARNE NAME NAME BEACH RD E-11401 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL** CITY-ST-ZIP A Delete ☐ Change Addition TITLE TITLE DONNELLY, DOROTHY NAME NAME BEACH RD E 11401 STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34135** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition X Delete ☐ Change TITLE TITLE DONNELLY, DOROTHY NAME NAME BEACH ROAD EAST STREET ADDRESS STREET ADDRESS CITY\_ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL 34135** ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP the state of the ☐ Delete ☐ Change Addition TITLE TITLE 行政指定的是国際 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

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

SIGNATURE: \_\_\_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(94<u>1)9</u>92-0120

Date

Daytime Phone #