

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90030 015 ***150.00

DOCUMENT # 366344

1. Entity Name

R. O. CAMP CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

**1001 N.E. WALDO RD
 GAINESVILLE FL 32641
 US**

**P.O. BOX 686
 GAINESVILLE FL 32602-0686
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1306428

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAMP, ROY O.
 1001 N.E. WALDO RD
 GAINESVILLE FL 32602**

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

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, 2000 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	SDT	<input type="checkbox"/> Delete
NAME	CAMP, BEVERLY L	
STREET ADDRESS	4304 N W 78 TERR	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	CAMP, ROY O	
STREET ADDRESS	4304 N W 78 TERR	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FILLMER, TOM	
STREET ADDRESS	4408 NW 78TH TERR	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CAMP, RANDY O	
STREET ADDRESS	2234 W UNIVERSITY AVE	
CITY-ST-ZIP	GAINESVILLE FL 32603	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beverly L. Camp
BEVERLY L. CAMP

Date

4-14-00

Daytime Phone #

352 372-3703

CR2E034 (9/99)