

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90076 001 \*\*\*158.75

**DOCUMENT # 386529**

1. Entity Name  
**LAKE RUNNYMEADE MOBILE PARK, INC.**

Principal Place of Business  
**1333 HASKER CIRCLE**  
**ST CLOUD FL 34771**  
**US**

Mailing Address  
**25 BEAVER POINT PARK**  
**ASHEVILLE-NC 28804**  
**US**

80013350



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**92 DOVER STREET**  
 Suite, Apt. #, etc.

City & State  
**Asheville N.C.**

4. FEI Number  
**59-1426792**

Applied For  
 Not Applicable

Zip  
**28804**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**HASKER, CHARLES J**  
**1333 HASKER CIRCLE**  
**ST CLOUD FL 34771**

7. Name and Address of New Registered Agent  
 Name **Charles R. Hasker, JR.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1333 HASKER CIRCLE**  
 City **ST. CLOUD** **FL** Zip Code **34771**

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 **Charles R. Hasker, JR.** DATE **1-12-2002**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTVD</b> <b>HASKER CHARLES R JR.</b> <b>1333 HASKER CIRCLE</b> <b>ST CLOUD FL 34771</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SMOLDER, BRIAN</b> <b>569 LEICESTER HWY</b> <b>ASHEVILLE NC 28806</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES</b> <b>HASKER NICK</b> <b>4750 OAKWOOD DR</b> <b>ST CLOUD FL 34772</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>Charles R. Hasker, JR</b> <b>92 DOVER STREET</b> <b>Asheville, N.C. 28804</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>SCOTT ALAN SMOLDER</b> <b>92 DOVER STREET</b> <b>Asheville, N.C. 28804</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>NICK HASKER</b> <b>4750 OAKWOOD DR.</b> <b>ST. CLOUD, FL 34772</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Charles R. Hasker, JR.** DATE **1-12-2002** DAYTIME PHONE # **828-236-3608**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)