## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

## FILED DOCUMENT # 448072 Feb 26, 2000 8:00 am **Secretary of State** ZACHARY TAYLOR CAMPING AND LODGE, INC. 02-26-2000 90069 027 \*\*\*150.00 Mailing Address Principal Place of Business 332! S.E. 30TH TERR. 3321 S.E. 30TH-FERR. OKEECHOBEE FL 34974 CACCEE FL 34974 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1519873 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FREED, CHARLES R Street Address (P.O. Box Number is Not Acceptable) 3321 SE 30TH TERRACE **OKEECHOBEE FL 34974** 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE HALL, RUBY N NAME STREET ADDRESS STREET ADDRESS 2995 HWY 441 SE CITY-ST-ZIP CITY-ST-ZIF OKEECHOBEE, FL 00000 Addition Change TITLE ☐ Delete TITLE FREED, CHARLES R NAME NAME STREET ADDRESS 3321 SE 30TH TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OKEECHOBEE, FL 00000 ☐ Delete ☐ Change Addition TITLE FREED, FRANCES NAME NAME STREET ADDRESS 3321 SE 30TH TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OKEECHOBEE FL Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition □ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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