FILED

Feb 12, 2002 8:00 am Secretary of State

02-12-2002 90053 005 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

448072 DOCUMENT #

1. Entity Name

ZACHARY TAYLOR CAMPING AND LODGE, INC.

		2						
Principal Place 2995 HWY 44 OKEECHOBEE		Mailing Address 2995 HWY 441 SE OKEECHOBEE FL 34974						
4								
2. Principal Place of Business		3. Mailing Address			166111 41611 61861 6511 6611 16610 174	ir ayayı bibik bibir a yayı	BION CHAIL HOD!	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City, & State		City & State	City & State		El Number 59-1519873		Applied For	
Zip	Country	Zip	Country	5. (· · · · · · · · · · · · · · · · · · ·	\$8.75 Ac	dditional	
	6. Name and Address of Curren	t Registered Agent	1	7. N	lame and Address of New Regis			
	o. Hame and Address of Carren	t trogistation inguit	Name					
FREED, C	CHARLES R SOTH TERRACE 사수수시 H 나오	7·441 2·E;	Street Add	dress (P.O. B	ox Number is Not Acceptable)			
OKEECHOBEE FL 34974								
•			City			FL Zip Co	de	
	named entity submits this statement f					<u> </u>		
SIGNATURE	Signature, typed or printed name of registered agen		legistered Agent signature		instating)	DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After May 1, 2002	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of S		Election Campaign Finance Trust Fund Contribution.		00 May Be ed to Fees	
11.	OFFICERS AND	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICER	RS AND DIRECTO	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FREED, CHARLES R 3921 SE 30TH TERRACE OKEECHOBEE FL 34974	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME	VSD FREED, FRANCES	☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	3321-SE-30TH TERRACE OKEECHOBEE FL	· · · · · · · · · · · · · · · · · · ·	STREET ADDRESS CITY-ST-ZIP	.			,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREED, CHRISTOPHER R 3321 SE 30TH TERR OKEECHOBEE FL 34974	™ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE		☐ Delete	TITLE			☐ Change	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 is 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 with the information 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 with the information in 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 with the information in the corporation 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 with this 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 with the information in the corporation of the corporation of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

STREET ADDRESS

the grant of the

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP