2000 UNIFORM BUSINESS REPORT (UBR)

May 01, 2000 08:00 AM DOCUMENT # 484295 1. Entity Name **Secretary of State** GREEN ACRES CAMPGROUND, INC. Principal Place of Business Mailing Address 115 SANDS POINT DR. PO BOX 3208 TIERRA VERDA PLANT CITY FL FL 33715 33564 2. Principal Place of Business 3. Mailing Address 4608 BUGG RD. PO BOX 3208 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For PLANT CITY FL PLANT CITY FL 59-1630884 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П 33567 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUMKE, CONRAD L. DIMKE CONRAD 115 SANDS POINT DR. Street Address (P.O. Box Number is Not Acceptable) 4608 BUGG ROAD TIERRA VERDE FL33715 City Zip Code PLÁNT CITY 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. 05/01/2000 CONRAD L. DUMKE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TD N Delete TITLE ☐ Change ☐ Addition DUMKE, CHAD NAME STREET ADDRESS 115 SANDS POINTS DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIERRA VERDE 33715 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DUMKE, NEODA NAME STREET ADDRESS 115 SANDS POINT DR. STREET ADDRESS CITY-ST-ZIF TIERRA VERDE FL 33715 CITY-ST-718 TITLE ☐ Deiete TILE ☐ Change ☐ Addition NAME DUMKE, CONRAD NAME STREET ADDRESS 115 SANDS POINTS DR. STREET ADDRESS CITY-ST-ZIP TIERRA VERDA 33715 CITY-ST-ZIP TITLE X Defete VD TITLE ☐ Change ☐ Addition NAME DUMKE, SCOT NAME STREET ADDRESS 115 SANDS POINTS DR. STREET ADDRESS CITY-ST-ZIP TIERRA VERDE 33715 CITY-ST-ZIP FL. TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

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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.

CIONATURE, CONDARI DUMER