

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90298 012 \*\*\*150.00

**DOCUMENT # 555627**

1. Entity Name  
**INN AND OUT R V CAMP PARKS OF FLORIDA, INC.**

Principal Place of Business

**302 S MARION ST  
 B-4  
 LAKE CITY FL 32055  
 US**

Mailing Address

**P. O. BOX 1445  
 PO BOX 1445  
 LAKE CITY FL 32056-1445  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1791933**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILSON, JAMES Y  
 2319 INGLEWOOD DR  
 LAKE CITY FL 32055**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILSON, JAMES Y	
STREET ADDRESS	2319 INGLEWOOD DR	
CITY-ST-ZIP	LAKE CITY, FL 00000	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILSON, OLEMA O.	
STREET ADDRESS	2319 INGLEWOOD DR.	
CITY-ST-ZIP	LAKE CITY, FL 00000	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILSON, OLEMA O	
STREET ADDRESS	2319 INGLEWOOD DRIVE	
CITY-ST-ZIP	LAKE CITY, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEBER, PENELOPE W	
STREET ADDRESS	3621 N.W. 30TH PLACE	
CITY-ST-ZIP	GAINSVILLE FL	
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
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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

Date

Daytime Phone #

**4/10/02 386-755-0808**

CR2E034 (9/01)