## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

# DOCUMENT # 592142

1. Entity Name

Principal Place of Business

SIGNATURE:

FLEETWOOD HOLIDAYS, INC.

| /O FLEEWOOD ENTERPRISES INC<br>125 MYERS ST. PO BOX 7638<br>VERSIDE CA 42513-7638<br>S<br>2. Principal Place of Business      |  | C/O FLEEWOOD ENTERPRISES INC<br>3125 MYERS ST. PO BOX 7638<br>RIVERSIDE CA 92513-7638<br>US               |                               |  |  | BIBN BIBN BIBN DI |                             |   |  |
|---|--|---|-------------------------------|--|--|-------------------|-----------------------------|---|--|
|   |  |   |                               |  |  |                   |                             |   |  |
| Suite, Apt.   | #, etc.  | Suite, Apt. #, etc.   |                               |  | DO NOT WRITE IN TH                                       | IIS SPACE         |                             |   |  |
| City & State  |  | City & State  |                               | 4.   | 95-3406951   |                   | oplied For<br>ot Applicable | } |  |
| Zip   | Country  | Zip   | Country                       | 5.   | Certificate of Status Desired                            | \$8.75 Ad         |                             |   |  |
| <del></del>   | 6. Name and Address of Current F                       | Registered Agent  |                               | 7.   | Name and Address of New Registers                        | ed Agent          |                             | 1 |  |
|   |  |   | Name                          |  |  |                   |                             | ] |  |
| CT CORPORATION SYSTEM<br>1200 S. PINE ISLAND ROAD<br>PLANTATION FL 33324  |  |   | Street Add                    | Street Address (P.O. Box Number is Not Acceptable) |  |                   |                             |   |  |
|   |  |   |                               |  |  |                   |                             |   |  |
|   |  |   | City                          |  | F  | Zip Cod           | de                          |   |  |
| The above   | named entity submits this statement for                | the ournose of changing its r   | registered office or re       | egistered ac                                       | pent, or both, in the State of Florida                   |                   | <u> </u>                    | 1 |  |
| . The above   | maried entity submits this statement for               | the purpose of changing its t   | egistered office or h         | zgistoroo ug                                       | gone, or botte, in the state of violed.                  |                   |                             | Ì |  |
| SIGNATURE .   |  |   |                               |  |  |                   |                             |   |  |
|   | Signature, typed or printed name of registered agent a | nd title if applicable (NOTE:   | Registered Agent signature    | required when r                                    | reinstating) DAT   | E<br>             |                             |   |  |
| 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, 2000 Fee will be \$550.00 Make Check Payable to Department of St |                               | 0.00   | 10. Election Campaign Financing Trust Fund Contribution. |                   | 00 May Be<br>d to Fees      |   |  |
| 11.   | OFFICERS AND I   |   | 12.                           |  | DDITIONS/CHANGES TO OFFICERS A                           | AND DIRECTOR      | RS IN 11                    | 1 |  |
| ITLE  | CCEO   | ☐ Defete  | TITLE                         | · · · · · · · · · · · · · · · · · · ·              |  | ☐ Change          | ☐ Addition                  | Ş |  |
| IAME  | KUMMER, G F  |   | NAME                          |  |  |                   |                             | 1 |  |
| TREET ADDRESS   | 3125 MYERS, ST   |   | STREET ADDRESS                |  |  |                   |                             | ۶ |  |
| NTY-ST-ZIP  | RIVERSIDE CA 92513-7638                                |   | CITY-ST-ZIP                   |  |  |                   | <del></del>                 | } |  |
| ITLE  | PCD  | ☐ Delete  | TITLE                         |  |  | ☐ Change          | ☐ Addition                  | 0 |  |
| IAME  | POTTER, N W  |   | NAME                          |  |  |                   |                             |   |  |
| TREET ADDRESS   | 3125 MYERS STREET                                      |   | STREET ADDRESS<br>CITY-ST-ZIP |  |  |                   |                             |   |  |
| ITY-ST-ZIP  | RIVERSIDE CA 92503                                     |   |                               |  |  |                   | Addition                    | ┨ |  |
| ITLE  | VASD   | ☐ Delete  | TITLE<br>NAME                 |  |  | ☐ Change          | ☐ Addition                  |   |  |
| IAME<br>TREET ADDRESS   | BINGHAM, PAUL M<br>3125 MYERS ST,BOX 7638              |   | STREET ADDRESS                |  |  |                   |                             | ļ |  |
| OTY-ST-ZIP  | RIVERSIDE CA 92513-7638                                |   | CITY-ST-ZIP                   |  |  |                   |                             |   |  |
| ITLE  | VSD  | Delete  | TITLE                         |  |  | ☐ Change          | Addition                    | 1 |  |
| IAME  | LEAR, WILLIAM H.                                       | C) Delete   | NAME                          |  |  | <u></u>           |                             |   |  |
| TREET ADDRESS   | 3125 MYERS ST,BOX 7638                                 |   | STREET ADDRESS                |  |  |                   |                             |   |  |
| HTY-ST-ZIP  | RIVERSIDE CA 92513-7638                                |   | CITY-ST-ZIP                   |  |  | _                 |                             |   |  |
| ITLE  | VTAS   | ☐ Delete  | TITLE                         |  |  | ☐ Change          | Addition                    |   |  |
| IAME  | LARKIN, LYLE N.  |   | NAME                          |  |  |                   |                             |   |  |
| TREET ADDRESS   | 3125 MYERS ST,BOX 7638                                 |   | STREET ADDRESS                |  |  |                   |                             |   |  |
| CITY-ST-ZIP   | RIVERSIDE CA 92513-7638                                |   | CITY-ST-ZIP                   |  |  |                   |                             | - |  |
| TLE   |  | Delete  | TITLE                         |  |  | ☐ Change          | Addition                    | 1 |  |
| IAME  |  |   | NAME<br>OTROST ADDRESS        |  |  |                   |                             | Ì |  |
| TREET ADDRESS   | 5.   |   | STREET ADDRESS                |  |  |                   |                             | 1 |  |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 18, 2000 8:00 am Secretary of State 05-18-2000 90307 046 \*\*\*150.00

CU094708 #59242

#### FLEETWOOD HOLIDAYS INC.

#### **OFFICERS & DIRECTORS**

Glenn F. Kummer Nelson W. Potter Charles A. Wilkinson Richard E. Parks Paul M. Bingham William H. Lear Chairman of the Board & Chief Executive Officer
President, Chief Operating Officer
Sr. Vice President - Housing Group
Sr. Vice President - RV Group
Sr. Vice President - Finance and Assistant Secretary

Sr. Vice President - General Counsel and Secretary

Vice President - Treasurer and Assistant Secretary

### **DIRECTORS:**

Lyle N. Larkin

Glenn F. Kummer Nelson W. Potter Paul M. Bingham William H. Lear

ALL CORRESPONDENCE DIRECTED TO ANY OF THE ABOVE SHOULD BE ADDRESSED AS FOLLOWS:

P. O. BOX 7638 RIVERSIDE, CA 92513-7628

3/14/00