

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 618414

1. Entity Name

LEBANON STATION CAMPGROUND, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90107 042 ***150.00

Principal Place of Business

Mailing Address

US 41 S 4 ILES
POD 848
WILLISTON FL 32696
US

~~US 41 S 4 ILES~~ 230 SE Hwy 41
PO BOX 848
WILLISTON FL 32696-0848
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1995884

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

BROOKS, O.B. SR
HWY 41 S. 4 MILES
P.O. BOX 848
WILLISTON FL

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	BROOKS, O B	
STREET ADDRESS	PO BOX 848 ((N/A))	
CITY-ST-ZIP	WILLISTON, FL 00000	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SCARBOROUGH, TROY	
STREET ADDRESS	US 19 PO BOX 517	
CITY-ST-ZIP	BROOKSVILLE, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAUSE, JOSEPH	
STREET ADDRESS	RT 4 BOX 660	
CITY-ST-ZIP	WILLISTON, FL 00000	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BROOKS, BURKE	
STREET ADDRESS	PO BOX 848 ((N/A))	
CITY-ST-ZIP	WILLISTON, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILMAN, RON	
STREET ADDRESS	PO BOX 248 ((N/A))	
CITY-ST-ZIP	GULF HAMMICK FL	
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
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
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 #

CR2E034 (9/99)