

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710358

1. Entity Name

FLORIDA CAMPGROUND ASSOCIATION, INC.

Principal Place of Business

1340 VICKERS DR.
TALLAHASSEE FL 32303-3041
US

Mailing Address

1340 VICKERS DR.
TALLAHASSEE FL 32303-3041
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

LEON

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

LEON

4. FEI Number

59-1503847

Applied For

Not Applicable

5. Certificate of Status Desired

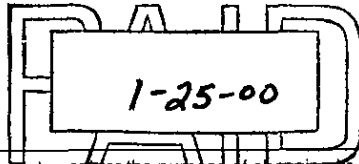
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\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLA. CAMPGROUND ASSOCIATION

STRISKA, JOSEPH O
1857 COPPER AXE TRAIL
TALLAHASSEE FL 32303



7. Name and Address of New Registered Agent

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.

BY 13140

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME STRISKA, JOE
STREET ADDRESS 1340 VICKERS DR.
CITY-ST-ZIP TALLAHASSEE FL

TITLE TD ☒ Delete
NAME SCHNEIDER, ED
STREET ADDRESS 4225 HWY A1A S
CITY-ST-ZIP ST AUGUSTINE FL

TITLE D ☐ Delete
NAME MINIX, SEAN
STREET ADDRESS 601 39TH AVE
CITY-ST-ZIP VERO BEACH FL

TITLE VCD ☐ Delete
NAME USINA, FRANK
STREET ADDRESS 4125 COASTAL HWY
CITY-ST-ZIP ST AUGUSTINE FL 32095

TITLE CD ☒ Delete
NAME LANES, JOHN
STREET ADDRESS 1626 N US 1
CITY-ST-ZIP ORMOND BEACH FL

TITLE S ☐ Delete
NAME CALHOUN, KATE
STREET ADDRESS 251 US ALT. 19N
CITY-ST-ZIP PALM HARBOR FL 34683-0638

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CD ☐ Change ☒ Addition
NAME FREED, CHARLES R.
STREET ADDRESS 3321 SE 30TH TERRACE
CITY-ST-ZIP OKEECHOBEE, FL 34974

TITLE TD ☐ Change ☒ Addition
NAME DOUG LANC
STREET ADDRESS 2039 HAMILTON
CITY-ST-ZIP JENNINGS, FL 32053

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

1/19/00

Date

850/562-7151

Daytime Phone #

CR2E037 (9/99)