

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90055 049 ****61.25

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DO NOT WRITE IN THIS SPACE

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 59-1503847	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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.

SIGNATURE Joseph O. Striska **JOSEPH O. STRISKA, PRESIDENT** 01/02/01
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE PD	NAME STRISKA, JOE	<input type="checkbox"/> Delete
STREET ADDRESS 1340 VICKERS DR.	CITY-ST-ZIP TALLAHASSEE FL	
TITLE TD	NAME LANG, DOUG	<input type="checkbox"/> Delete
STREET ADDRESS 2039 HAMILTON	CITY-ST-ZIP JENNINGS FL 32053	
TITLE D	NAME MINIX, SEAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 601 39TH AVE	CITY-ST-ZIP VERO BEACH FL	
TITLE VCD	NAME USINA, FRANK	<input type="checkbox"/> Delete
STREET ADDRESS 4125 COASTAL HWY	CITY-ST-ZIP ST AUGUSTINE FL 32095	
TITLE S	NAME CALHOUN, KATE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 251 US ALT. 19N	CITY-ST-ZIP PALM HARBOR FL 34683-0638	
TITLE 	NAME 	<input type="checkbox"/> Delete
STREET ADDRESS 	CITY-ST-ZIP 	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D	NAME VERNON UNDERWOOD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 18701 SAN CARLOS BLVD	CITY-ST-ZIP FT MYERS BEACH, FL 33931	
TITLE D	NAME MARLEN'S MARLHANS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 12425 UNION RD	CITY-ST-ZIP NAPLES, FL 34114	
FLA. CAMPGROUND ASSOCIATION		
TITLE BY	NAME 1041	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Joseph O. Striska **SIGNATURE REQUIRED** 01/05/01 850/562-7127
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/00)