

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90169 006 ****61.25

DOCUMENT # 710358

1. Entity Name

FLORIDA CAMPGROUND ASSOCIATION, INC.



Principal Place of Business

**1340 VICKERS DR. RD.
TALLAHASSEE FL 32303-3041
US**

Mailing Address

**1340 VICKERS DR. RD.
TALLAHASSEE FL 32303-3041
US**

2. Principal Place of Business

1340 VICKERS ROAD

3. Mailing Address

1340 VICKERS ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1503847**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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
Florida 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 **LANG, DOUG**
STREET ADDRESS **2039 HAMILTON**
CITY-ST-ZIP **JENNINGS FL 32053**

TITLE **D** ☐ Delete
NAME **UNDERWOOD, VERNON**
STREET ADDRESS **18701 SAN CARLOS BLVD**
CITY-ST-ZIP **FORT MYERS BEACH FL 33931**

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

TITLE **D** ☐ Delete
NAME **MARCHAND, MARLENE**
STREET ADDRESS **12425 UNION RD**
CITY-ST-ZIP **NAPLES FL 34114**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED

JOSEPH STRISKA

01/16/03

850/562-7197

CR2E037 (10/02)