

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748130

1. Entity Name

CAMPTOWN LESSEES ASSOCIATION, INC.

Principal Place of Business

5152 E35 BOGGY CREEK RD
ST CLOUD FL 34771

Mailing Address

5152 E35 BOGGY CREEK RD
ST CLOUD FL 34771

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2400930

Applied For

Not Applicable

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

CHAMBERS, MRS DOROTHY
5152 C 1 BOGGY CREEK RD.
ST CLOUD FL 34771

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COSMAN, DORIS 5152 G-5 BOGGY CREEK RD ST CLOUD, FL 00000	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LOKKEN, RICHARD 5152 P-25 BOGGY CREEK RD. ST CLOUD, FL 00000	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KAZUK, MARGARET L 5152 BOGGY CRK RD E35 ST CLOUD, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEGEN, NORMAN 5152 G-3 BOGGY CREEK RD ST CLOUD, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATERHOUSE, CHARLES 5152 F-8 BOGGY CREEK RD. ST CLOUD, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PROUTY, EVERETT 5152 F14 BOGGY CREEK RD ST CLOUD FL	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DT MARGARET NELSON, MORRIS 5152 F-19 BOGGY CREEK RD ST CLOUD, FL 34771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D Rumsey, Augusta 5152 F110 BOGGY CREEK RD ST. CLOUD, FL 34771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D Lytwyn, VELVA 5152 E-34 BOGGY CREEK RD. ST. CLOUD, FL 34771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D WOITALLA, LEWIS 5152 A-42 BOGGY CREEK RD ST. CLOUD, FL 34771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DORIS P. COSMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/2000
Date

407-951-5246
Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED

Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90052 005 ****66.25