

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762139

Name

AIRSTREAM PARK COOPERATIVE, INC.

**FILED**  
**Mar 16, 2000 8:00 a**  
**Secretary of State**

03-16-2000 90099 014 \*\*\*\*61.25

Place of Business Mailing Address  
E COLONIAL DR 25525 E COLONIAL DR  
FL 32709 CHRISTMAS FL 32709-9228

00038737



DO NOT WRITE IN THIS SPACE

Place of Business 3. Mailing Address  
Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Country Zip Country

4. FEI Number 59-2112286  
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

CLAYTON I  
NAVAJO AVE.  
BEACH FL 32174

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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, 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**

## OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

D LITTLEFIELD, NORMAN 25525 E. COLONIAL DR. CHRISTMAS FL Delete <input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP Chairman of Board Edward Hoover 25525 E. Colonial Dr Christmas, FL 32709 Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
PD BALES, CLAYTON I. 330 NAVAJO AVE. ORMOND BEACH FL Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>
T MCCLELLAND, ROGER 25525 E COLONIAL DR. CHRISTMAS FL 32709 Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>
VP HILSON, WILLIAM 25525 E. COLONIAL DR. CHRISTMAS FL Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>
D BACHMANN, GROVER 25525 E COLONIAL DR CHRISTMAS FL Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>
Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>

CR2E037 (9/99)

I 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 stated 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 on an attachment with an address, with all other like empowered.

SIGNATURE: CLAYTON I. BALES 3/7/00 407-528-5207  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #