

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 762139**

1. Entity Name

CHRISTMAS AIRSTREAM PARK COOPERATIVE, INC.

Principal Place of Business

25525 E COLONIAL DR
CHRISTMAS FL 32709

Mailing Address

25525 E COLONIAL DR
CHRISTMAS FL 32709

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

BALES, CLAYTON I
330 NAVAJO AVE.
ORMOND BEACH FL 32174

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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 **COB** ☐ Delete
NAME **HOOVER, EDWARD**
STREET ADDRESS **25525 E. COLONIAL DR.**
CITY-ST-ZIP **CHRISTMAS FL**TITLE **PD** ☐ Delete
NAME **BALES, CLAYTON I.**
STREET ADDRESS **330 NAVAJO AVE.**
CITY-ST-ZIP **ORMOND BEACH FL**TITLE **T** ☐ Delete
NAME **MCCLELLAND, ROGER**
STREET ADDRESS **25525 E COLONIAL DR.**
CITY-ST-ZIP **CHRISTMAS FL 32709**TITLE **VP** ☐ Delete
NAME **HILSON, WILLIAM**
STREET ADDRESS **25525 E. COLONIAL DR.**
CITY-ST-ZIP **CHRISTMAS FL**TITLE **D** ☐ Delete
NAME **EDDINGER, GARY**
STREET ADDRESS **25525 E COLONIAL DR**
CITY-ST-ZIP **CHRISTMAS FL 32709**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-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ 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: *Clayton I Bales*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90037 024 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)