

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 12, 2000 8:00 am**
Secretary of State

02-08-2000 90164 044 ****61.25

DOCUMENT # 764780

1. Entity Name

LEISURE TIME CAMPSITES & CLUB ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**LEISURE TIME PARK, LOT #172
24400 S TAMiami TRAIL
BONITA SPRINGS FL 34134****LEISURE TIME PARK, LOT #172
24400 S TAMiami TRAIL
BONITA SPRINGS FL 34134-7069**

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

59-2455681

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

**JOHN G MACKIE III BECKER AND POLIAKOFF PA
COLLIER PL 1
3003 TAMiami TR NO STE 210
NAPLES FL 34103**

Name

Joe Adams, Becker & Poliakoff PA
Street Address (P.O. Box Number is Not Acceptable)**13515 Bell Tower Drive, Suite 101**

City

Fort Myers,**FL**

Zip Code

33907

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	PD	<input checked="" type="checkbox"/> Delete
NAME	LOWE, JERRY	
STREET ADDRESS	24400 TAMiami TR LOT 181	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	CARL VOLLMER	
STREET ADDRESS	24400 TAMiami TR LOT 182	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	VOLLMER, CARL	
STREET ADDRESS	24400 TAMiami TR LOT 182	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	GEROLD TRICKER	
STREET ADDRESS	24400 TAMiami TR LOT 3	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	

TITLE	TD	<input type="checkbox"/> Delete
NAME	DEWEY, GEORGE W	
STREET ADDRESS	24400 TAMiami TR LOT 18	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	REXFORD, THOMAS	
STREET ADDRESS	24400 TAMiami TR LOT 104	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	RICHARD HAWLEY	
STREET ADDRESS	24400 TAMiami TR LOT 74	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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:

George W. Dewey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-2-00 1941-992-7797