

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A18789**

1. Entity Name
SETTLERS REST R.V. PARK, LTD.

FILED

00 FEB -3 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 37549 CHANCEY ROAD OFFICE ZEPHYRHILLS FL 33541	Mailing Address 37549 CHANCEY ROAD OFFICE ZEPHYRHILLS FL 33541-6886
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2093817	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BETTY MEENGs ANDERS
37549 CHANCEY ROAD
OFFICE
ZEPHYRHILLS FL 33541**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$75,525.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
	MEENGs, BETTY G.		
STREET ADDRESS	37351 CR 54	CITY - ST - ZIP	
CITY - ST - ZIP	ZEPHYRHILLS FL		
DOCUMENT #	NAME	STREET ADDRESS	
	MEENGs, JOHN M.		
STREET ADDRESS	37549 CHANCEY ROAD	CITY - ST - ZIP	
CITY - ST - ZIP	ZEPHYRHILLS FL		
DOCUMENT #	NAME	STREET ADDRESS	
	MEENGs, MARTA K.		
STREET ADDRESS	37351 CR 54	CITY - ST - ZIP	
CITY - ST - ZIP	ZEPHYRHILLS FL		
DOCUMENT #	NAME	STREET ADDRESS	
	MEENGs, MELINDA J.		
STREET ADDRESS	37351 CR 54	CITY - ST - ZIP	
CITY - ST - ZIP	ZEPHYRHILLS FL		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *John M. Meengs* **JOHN M. MEENGs** 1-31-00 (813) 782-2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #