

# 2001 UNIFORM BUSINESS REPORT (UBR)

001457 AF

**DOCUMENT # A18789**

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

**FILED**

Principal Place of Business  
**37549 CHANCEY ROAD  
OFFICE  
ZEPHYRHILLS FL 33541**

Mailing Address  
**37549 CHANCEY ROAD  
OFFICE  
ZEPHYRHILLS FL 33541**

**01 MAR 16 AM 11:55**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2093817</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>BETTY MEENGs ANDERS 37549 CHANCEY ROAD OFFICE ZEPHYRHILLS FL 33541</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

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

**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	
	<b>MEENGs, BETTY G.</b>		
STREET ADDRESS	<b>37351 CR 54</b>	CITY-ST-ZIP	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL</b>		
DOCUMENT #	NAME	STREET ADDRESS	
	<b>MEENGs, JOHN M.</b>		
STREET ADDRESS	<b>37549 CHANCEY ROAD</b>	CITY-ST-ZIP	<b>600003889226--5</b>
CITY-ST-ZIP	<b>ZEPHYRHILLS FL</b>		<b>-03/20/01--01117--009</b>
DOCUMENT #	NAME	STREET ADDRESS	<b>****526.25 ****526.25</b>
	<b>MEENGs, MARTA K.</b>		
STREET ADDRESS	<b>37351 CR 54</b>	CITY-ST-ZIP	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL</b>		
DOCUMENT #	NAME	STREET ADDRESS	
	<b>MEENGs, MELINDA J.</b>		
STREET ADDRESS	<b>37351 CR 54</b>	CITY-ST-ZIP	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL</b>		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

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** **SIGNATURE REQUIRED** **+3-12-01** +

DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

CR2E003 (11/00)