

# 2002 UNIFORM BUSINESS REPORT (UBR)

0012451 AI

DOCUMENT # **A18789**

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

**FILED**  
**02 MAR 13 AM 10:01**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business <b>37549 CHANCEY ROAD OFFICE ZEPHYRHILLS FL 33541</b>	Mailing Address <b>37549 CHANCEY ROAD OFFICE ZEPHYRHILLS FL 33541</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2093817</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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**DUE BY MAY 1, 2002**

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.

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	
DOCUMENT #	
NAME	<b>MEENGs, BETTY G.</b>
STREET ADDRESS	<b>37351 CR 54</b>
CITY-ST-ZIP	<b>ZEPHYRHILLS FL</b>
DOCUMENT #	
NAME	<b>MEENGs, JOHN M.</b>
STREET ADDRESS	<b>37549 CHANCEY ROAD</b>
CITY-ST-ZIP	<b>ZEPHYRHILLS FL</b>
DOCUMENT #	
NAME	<b>MEENGs, MARTA K.</b>
STREET ADDRESS	<b>37351 CR 54</b>
CITY-ST-ZIP	<b>ZEPHYRHILLS FL</b>
DOCUMENT #	
NAME	<b>MEENGs, MELINDA J.</b>
STREET ADDRESS	<b>37351 CR 54</b>
CITY-ST-ZIP	<b>ZEPHYRHILLS FL</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>200005135192--0</b>
CITY-ST-ZIP	<b>-03/19/02--01075--014</b>
	<b>****526.25 ****526.25</b>
STREET ADDRESS	<b>BK</b>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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* **JOHN M. MEENGs** **3/5/02** **(813) 782-2003**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)