APPRUYEU

AND FILED

03 FEB 18 AM 9: 16

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A18789

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



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|----------------------------------|--|---|--------------------|---|---|---------------------------|
| OFFICE OFFICE | | Mailing Address 37549 CHANCEY ROAD OFFICE ZEPHYRHILLS FL 33541 | | | | |
| 2. Principal Place of Business 3 | | 3. Mailing Address | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | |
| City & St | ate | City & State | | DUE BY MAY 1, 2003 | | |
| | | Only & State | | 4. FEI Number 59-2093817 | Applied For | |
| Zip | Country | Zip | Countr | у | 5. Certificate of Status Desired | \$8.75 Additional |
| | 6. Name and Address of Curre | nt Registered Agent | | | 7. Name and Address of New Registered | Fee Required |
| BETTY N | MEENGS ANDERS | | | Name | | |
| 37549 CHANCEY ROAD OFFICE | | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| ZEPHYRHILLS FL 33541 | | | | | | |
| | | <u> </u> | | City | F | Zip Code |
| 8. The above the obligation | e named entity submits this statement ations of registered agent | for the purpose of changing its | registered | office or registere | ed agent, or both, in the State of Florida. I am | familiar with, and accept |
| | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered age | nt and title if applicable. | | | DATE | |
| 9. Capital Co as Shown | ontributions \$75,525.00 | 10. Amount of Capita | al Contribu | tions | 11. MAKE CHECK PAYABLI | TO EL DEPT DE STATE |
| 100 010111 | | in FLORIDA to di | | NT DE TIO | SEE REVERSE SINE OF | D CCC INCODMATION |
| | | wi no i ne changed on th | he form; a | on amendment | ERED AND ACTIVE WITH THIS OFFIC t must be filed to change a general pa | E. rtner |
| 12.5 DOCUMENT 4 | GENERAL PARTNER INFORMATION | | 13. | 13. ADDRESS CHANGES ONLY | | |
| DOCUMENT # NAME | MEENGS, BETTY G. | | STREET | ADDRESS | - | |
| STREET ADDRESS | 37351 CR 54 | | | ļ | · | |
| CITY-ST-ZIP | ZEPHYRHILLS FL | <u> </u> | CITY-ST | - ZIP | | |
| DOCUMENT # NAME | MEENGE JOHN M | · · · · · · · · · · · · · · · · · · · | STREET A | IDORESS | 0000126032 02/18/0301008021 | |
| STREET ADDRESS | MEENGS, JOHN M. 37549 CHANCEY ROAD | | J. Cittle P. | | 02/18/03-01008-021 | |
| CITY-ST-ZIP | ZEPHYRHILLS FL | | CITY-ST- | -ZIP | | **JCO.25 |
| DOCUMENT / NAME | MEENGS, MARTA K. | | STREET A | DDRESS | | |
| STREET ADDRESS | 37351 CR 54 | | | <u> </u> | | |
| CITY-ST-ZIP | ZEPHYRHILLS FL | | CITY-ST- | ZIP . | | |
| DOCUMENT # NAME | MEENGS, MELINDA J. | | STREET A | DORESS | | |
| STREET ADDRESS | 37351 CR 54 | | • | <u> </u> | | |
| CITY-ST-ZIP | ZEPHYRHILLS FL | | CITY-ST- | ZIP | | |
| DOCUMENT # NAME | | | STREET AL | DDRESS | | - |
| STIEET ADDRESS | | | ŀ | ļ | | |
| CITY-ST-ZIP | ··· | | CITY-ST-2 | ZIP | | |
| DOCUMENT # NAME | | | STREET AD | DRESS | | |
| STREET ADDRESS | | | | <u> </u> | | |
| CITY-ST-ZIP | | | CITY-ST-Z | IIP | | 7 |

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: 🗻

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CR2E003 (10/02)