

# 2000 UNIFORM BUSINESS REPORT (UBR)

0013184 Af

**DOCUMENT #** A94000000541

**1. Entity Name**  
OAKS CAMPGROUND, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 APR 13 AM 11:43

**Principal Place of Business**  
30045 JOHNSON POINT ROAD  
LEESBURG FL 34748

**Mailing Address**  
30045 JOHNSON POINT ROAD  
LEESBURG FL 34748-9214



**2. Principal Place of Business**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**4. FEI Number** 59-3236928  
☐ Applied For  
☐ Not Applicable

**5. Certificate of Status Desired** ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
PURSER, WILLIAM D  
30045 JOHNSON POINT ROAD  
LEESBURG FL 34748

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**9. Capital Contributions** as Shown on record. \$1,275,000.00

**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 CITY - ST - ZIP	PURSER, WILLIAM D TRUSTEE 30045 JOHNSON POINT ROAD LEESBURG FL 34748	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	PURSER, WILLIAM D II ROUTE 3, BOX 164 BUSHNELL FL 33513	STREET ADDRESS CITY - ST - ZIP	8000003239858 0 -05/04/00--01084--007 ****526.25 ****526.25
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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:** WINDUP REQUIRED Wm. D. PURSER APRIL 12, 2000 352-793-7117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

169/61 000200