

# 2002 UNIFORM BUSINESS REPORT (UBR)

0009662 AT

DOCUMENT # A96000000202

1. Entity Name

KOUNTREE RV, LTD.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 MAR 28



Principal Place of Business  
8901 S.W. 150TH PLACE CIRCLE  
MIAMI FL 33196

Mailing Address  
8901 S.W. 150TH PLACE CIRCLE  
MIAMI FL 33196

2. Principal Place of Business  
8230 COLLIER BLVD.

3. Mailing Address  
8230 COLLIER BLVD.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State  
NAPLES, FL.

City & State  
NAPLES, FL.

4. FEI Number 74-2778431

Applied For  
Not Applicable

Zip 34114 Country USA

Zip 34114 Country USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHRISTINAT, FRITZ O.P.  
8901 S.W. 150TH PLACE CIRCLE  
MIAMI FL 33196

Name  
Street Address (P.O. Box Number is Not Acceptable)  
8230 COLLIER BLVD.  
City NAPLES FL Zip Code 34114

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. \$410,000.00

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	P96000008841 KOUNTREE-RV, INC. 8901 S.W. 150TH PLACE CIRCLE MIAMI FL 33196	STREET ADDRESS CITY-ST-ZIP	8230 COLLIER BLVD. NAPLES, FL, 34114
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	AL
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	600005184256-9 -04/03/02--01016--029 ****526.25 ****526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME 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: *Christinat Fritz* FRITZ CHRISTINAT 03/20/02 775-4340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE