

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A97000002150
1. Entity Name

STAY-N-PLAY R.V. RESORT, LTD.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1820 Ringling Blvd
Suite, Apt. #, etc.

3. Mailing Address

1820 Ringling Boulevard
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State
Sarasota, FL

City & State
Sarasota, FL

4. FEI Number
65-0774364

Applied For
Not Applicable

Zip
34236

Country
USA

Zip
34236

Country
USA

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

7. Name and Address of Current Registered Agent

Name
Lawrence M. Hankin, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1820 Ringling Boulevard

City
Sarasota FL Zip Code
34236

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions

as Shown on record. \$6,000,000.00

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

DOCUMENT # P97000053982
NAME Stay-N-Play R.V. Resort Corporation
STREET ADDRESS
CITY-STATE-ZIP 2033 MAIN ST., SUITE 400

STREET ADDRESS

CITY-STATE-ZIP

DOCUMENT # SARASOTA, FL 34236
NAME
STREET ADDRESS
CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

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CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/9/02

941-485-1800

Daytime Phone #

FILED
02 APR 15 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E003B (12/01)

STAPLE CHECK HERE