

Document Number Only

**B950000000328**

DIVISION

22

100001587931

-09/19/95--01054--020

\*\*\*113.75 \*\*\*113.75

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 SEP 14 PM 2:24

Camp Florida Resort, L.P.

Cross ref:

Camp Florida Resort, Limited Partnership

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution/Withdrawal

☐ Mark

☒ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of R.A.

☐ Certified Copy

☐ Photo Copies

☐ Fic. Name

☐ Call When Ready

☐ Call # Problem

☐ After 4:30

☒ Walk In

☒ Pick Up

☐ Mail Out

Name Availability	
Document Examiner	
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	

9-14

C. FAX	70.00
FILING	35.00
R. AGENT FEE	8.75
C. COPY	8.75
TOTAL	133.75
BANK	
BALANCE DUE	
RENT	

PLEASE RETURN EXTRA COPIES  
FILE STAMPED

BK  
9/17/95

CR2E031 (1-89)

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION  
TO TRANSACTION BUSINESS IN FLORIDA

1. Camp Florida Resort, L.P.  
Name of limited partnership as it is in the home state.
2. Camp Florida Resort, Limited Partnership  
If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or LTD.
3. INDIANA  
State of Formation
4. September 14, 1995  
Date of Formation
5. CT Corporation System  
Name of Registered Agent for Service of Process
6. In care of CT Corporation System, 1200 S. Pine Island Road  
Street Address of Registered Office  
Plantation, Florida 33324  
City Zip Code
7. Acceptance by the Registered Agent for Service of Process:  
Donnie Bryan Donnie Bryan  
SPECIAL ASSISTANT SECRETARY  
Agent must sign on this line
8. In care of Robert J. Hicks, 4000 Bank One Tower, 111 Monument, Indianapolis, IN 46204  
Address of registered office required in state of formation or, if not required, address of principal office.
9. NAMES OF GENERAL PARTNERS SPECIFIC ADDRESS  
Camper Corral, Inc. 7406 U.S. 27 North, Sebring, FL 33870  
1429937
10. 7406 U.S. 27 North, Sebring, FL 33870  
Office where Names, Addresses and Contributions of Limited Partners are kept
11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.
12. 7406 U.S. 27 North, Sebring, FL 33870  
Mailing Address of Limited Partnership

This 14th day of September, 1995.

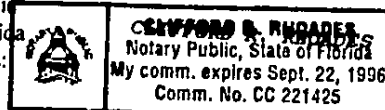
[Signature]  
General Partner

STATE OF FLORIDA  
COUNTY OF HIGHLANDS

THE FOREGOING instrument was acknowledged and sworn to before me this 14th day of September, 1995, by Ronald Anthony Cozier, President of Camper Corral, Inc., the General partner of Camp Florida Resort, L.P., an Indiana Limited Partnership.

(Seal)

[Signature]  
Notary Public  
State of Florida  
My Commission Expires:



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 SEP 14 PM 2:26

## AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME the undersigned personally appeared, Ronald Anthony Cozier, President of Camper Corral, Inc., the general partner of Camp Florida Resort, L.P., an Indiana Limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$10,000.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$10,000.00

This 14th day of September, 1995.

### FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

  
Ronald Anthony Cozier, President  
Camper Corral, Inc.

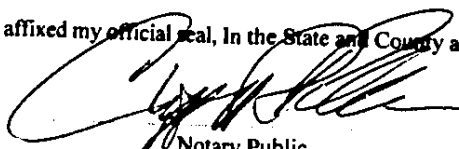
General Partner of Camp Florida Resort, L.P.

State of Florida  
County of Highlands  
Date September 14, 1995

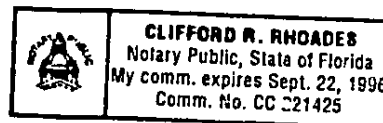
BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared Ronald Anthony Cozier, President of Camper Corral, Inc., the General Partner of Camp Florida Resort, L.P., known to me and known by me to be the person who executed the foregoing Affidavit of capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as General Partner of said partnership.

IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 14th day of September, 1995.

(Seal)

  
Notary Public  
State of Florida  
My Commission Expires:

CLIFFORD R. RHOADES



APPLICATION FOR  
REINSTATEMENT  
FOR  
LIMITED PARTNERSHIP

**B9500000328**

FILED

96 JUN -7 PM 4:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # B9500000328

1. Name of Limited Partnership

Camp Florida Resort, Limited Partnership

2. Mailing Address

1525 U.S. 27 South

Suite, Apt. #, etc.

City & State

Lake Placid, FL

Zip

33852

Country

U.S.

3. Principal Office Address

1525 U.S. 27 South

Suite, Apt. #, etc.

City & State

Lake Placid, FL

Zip

33852

Country

U.S.

4. Date Formed or Registered To Do Business in Florida

9/14/95

5. FEI Number

FEI 65-0657566

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. State or Country of Formation Indiana

8a. Capital Contributions as Shown on Record

\$10,000.00

8b. Amount of Capital Contributions in FLORIDA to date

\$10,000.00

FEES:

- 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
  - 2.) Supplemental Fee(s): \$138.75 for each year due this office, beginning with 1992 calendar year.
  - 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.
- Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

CT Corporation System  
1200 S. Pine Island Road  
Plantation, FL 33324

10. If changed, new registered agent/office

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Names of General Partner(s)

Address of Each General Partner (Do NOT Use Post Office Box Numbers)

City, State and Zip Code

11a. Registration Document Number

Camper Corral, Inc.

7406 U.S. 27 North

Sebring, FL 33870

H39937

**300001865243**

-06/18/95--01090--025

\*\*\*\*708.75 \*\*\*\*708.75

**REINSTATEMENT**

*Al Kum*

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability for non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

*R. Anthony Cozier*

DATE

6/4/96

Typed or Printed Name of General Partner Signing Form

Camper Corral, Inc., General Partner, by  
Ronald Anthony Cozier, its President

Telephone Number 941-699-1991

CR2E039 (4/95)