

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

0065439

DOCUMENT # C10344

1. Entity Name

FLORIDA HOLINESS CAMP GROUNDS

01-24-2001 90041 046 ****61.25

Principal Place of Business

**3335 S. FLORIDA AVE.
 LAKELAND FL 33803**

Mailing Address

**3335 S. FLORIDA AVE.
 LAKELAND FL 33803**

00001003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

N/A
 Suite, Apt. #, etc.

N/A
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6155016

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WATSON, STEPHEN C.
 3335 S. FLORIDA AVE.
 LAKELAND FL 33803**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PT
 LORNE V. MACMILLAN
 753 SOUTH 360 WEST
 ANGOLA IN** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VT
 LOMAN, HAROLD
 3335 S. FLORIDA AVE.
 LAKELAND FL** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VT
 PORTER CLAYTON
 2145 EGYPT PK. CHILLICOTHE, OH 45601** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TRT
 BEELER, WILLIAM
 570 WESTERN AVE
 CANONSBURG PA 15317** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**ST
 SKEEN, CLEDITH
 534 OVERDALE N.W.
 CANTON OH** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TR
 GILLIAM, JAMES H
 255 LK HURON DR.
 MULBERRY FL 33860** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William Beeler
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-01 (863) 646-2254
 Date Daytime Phone #

CR2E037 (10/00)