

NIDA & MALONEY

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AMENDED

2601 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 13 AM 9:51

A0072186

DO NOT WRITE IN THIS SPACE

DOCUMENT # F00000000935 Entity Name: Recreation USA, Inc.		DIVISION OF CORPORATIONS 01 JUN 13 AM 9:51	
1. Principal Place of Business 7851 Greenbriar Parkway Orlando FL 32819		Mailing Address 7851 Greenbriar Parkway Orlando, FL 32819	
2. Principal Place of Business 200 E. Broward Suite A01 #, etc. Suite 920 City & State FL Lauderdale		3. Mailing Address 200 E. Broward Suite, Apt. #, etc. Suite 920 City & State FL Lauderdale	
Zip 33301		Country USA	
4. FEI Number 59-1834763		Applied For ☐ \$8.75 Additional Fee Required	
5. Certificate of Status Desired ☐		5. Name and Address of Current Registered Agent Corporation Service Company 1201 Hays Street Tallahassee FL 32301-2525	
6. Name and Address of New Registered Agent Name Street Address (PO Box Number is Not Acceptable) City FL Zip Code		7. 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 5/15/01 By signature, typed or printed name of registered agent and date if applicable (NOT) Registered agent signature required when re-issuing	
8. The corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back) ☐		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE FOO ☐ Delete NAME Riley, Michael S. STREET ADDRESS 7851 Greenbriar Parkway, Orlando FL 32819 CITY-ST-ZIP		TITLE CD ☒ Change ☐ Addition NAME Riley, Michael S. STREET ADDRESS 200 E. Broward, Ste. 920, Ft. Lauderdale FL 33301 CITY-ST-ZIP	
TITLE SFO ☒ Delete NAME Huneycutt, Ronald G. STREET ADDRESS 7851 Greenbriar Parkway, Orlando FL 32819 CITY-ST-ZIP		TITLE PS ☐ Change ☒ Addition NAME Lemonis, Marcus STREET ADDRESS 200 E. Broward, Ste. 920, Ft. Lauderdale, FL 33301 CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
13. I hereby certify that the information supplied with this filing does not conflict with the exemption stated in Section 119.07(3)(D) 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowerment.			
SIGNATURE:		5/15/01	
SIGNATURE AND TYPED OR PRINTED NAME OF BEARING OFFICER OR DIRECTOR		954-522-9903	