

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F02000000075**

1. Entity Name
T/W CAMPGROUND, INC.



Principal Place of Business
**10305 U.S. ONE
SEBASTIAN FL 32958**

Mailing Address
**10305 U.S. ONE
SEBASTIAN FL 32958**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country**

Zip **Country**

6. Name and Address of Current Registered Agent

**KLEKAMP, DIANNE M
10305 U.S. ONE
SEBASTIAN FL 32958**

Name

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

1561 Mizell Avenue

City

Winter Park

FL **Zip Code**
32789

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Dianne M Klekamp Verduff

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

(NOTE: Registered Agent signature required when reinstating)

4/28/03

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

**9. Election Campaign Financing
Trust Fund Contribution.**

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PTCD** Delete
NAME **KLEKAMP, H. WAYNE**
STREET ADDRESS **10305 U.S. ONE**
CITY-ST-ZIP **SEBASTIAN FL 32958**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change **Addition**
TITLE **1561 Mizell Avenue**
NAME **Winter Park FL 32789**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VSD** Delete
NAME **KLEKAMP, DIANNE M**
STREET ADDRESS **10305 U.S. ONE**
CITY-ST-ZIP **SEBASTIAN FL 32958**

Change **Addition**
TITLE **1561 Mizell Avenue**
NAME **Winter Park FL 32789**
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 607, 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:

Dianne M Klekamp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
May 01, 2003 8:00 am
Secretary of State**

05-01-2003 90318 010 ***150.00



CHECK HERE IF MAKING CHANGES

30-0010127

APPLIED FOR

Applied For

Not Applicable

**\$8.75 Additional
Fee Required**

CR2E034 (10/02)