2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 04, 2000 8:00 am Secretary of State DOCUMENT # **F04157** 1. Entity Name RICHARD MCKENZIE'S R.V. PARK, INC. 03-04-2000 90113 027 ***150.00 Mailing Address Principal Place of Business 1625 S. LAKE REEDY BLVD. FROSTPROOF FL 33843 3. Mailing Address 2. Principal Place of Business 2451 County Road 630 West Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-2034874 Frostproof, F1 33843 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required Po1k 33843 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Richard M. McKenzie, Jr. XCRANIOX MARIE XXICE Street Address (P.O. Box Number is Not Acceptable) 2451 County Road 630 West HAKE WALES EL 93059 Frostproof, Florida 33843 Zip Code FL 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. February 20, 2000 Signature, typed or printed name of registered agent and title if applicable. ed Agent signature required v FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition STD TITLE Change TITLE 🖵 Delete MCKENZIE, ESTHER P NAME NAME STREET ADDRESS STREET ADDRESS 1625 S. LAKE REEDY BLVD. CITY-ST-ZIP FROSTPROOF FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE MCKENZIE JR, RICHARD M 1451 Care TAKE DEEDY DUY STREET ADDRESS CITY-ST-ZIP Addition ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-00 863)

(863), 635-3541