## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 15, 2002 8:00 am § Secretary of State DOCUMENT # F04157 1. Entity Name 05-15-2002 90073 012 \*\*\*150.00 RICHARD MCKENZIE'S R.V. PARK, INC. Principal Place of Business Mailing Address 2451 COUNTY ROAD 630 WEST 1625 S. LAKE REEDY BLVD. FROSTPROOF FL 33843 FROSTPROOF FL 33843 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2034874 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ⊸Name≃ MCKENZIE, JR, RICHARD M Street Address (P.O. Box Number is Not Acceptable) 2451 COUNTY ROAD 630 WEST FROSTPROOF FL 33843 Zip Code City 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. printed name of registered agent and title if applicable (NOTE: Registered Agent signature requ FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12 11. Addition TITLE Change TITLE Delete MCKENZIE, ESTHER P NAME NAME 1625 S. LAKE REEDY BLVD. STREET ADDRESS STREET ADDRESS FROSTPROOF FL CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE PD TITLE ☐ Change Addition MCKENZIE JR, RICHARD M NAME NAME STREET ADDRESS 2451 COUNTY RD 630 W STREET ADDRESS FROSTPROOF FL 33843 CITY-ST-ZIP CITY-ST-ZIP Delete \_\_\_\_ Change \_\_\_\_ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Addition TITLE ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**FILED**