

# 2000 UNIFORM BUSINESS REPORT (UBR)

4.

DOCUMENT # G06096

1. Entity Name

CAPE KENNEDY KAMPGROUND, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90102 029 \*\*\*150.00

Principal Place of Business  
4513 W MAIN ST  
MIMS FL 32754

Mailing Address  
4513 W MAIN ST  
MIMS FL 32754-5477



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-2254113**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**MANZO, RICHARD A**  
**2395 S WASHINGTON ST**  
**TITUSVILLE FL 32780**

7. Name and Address of New Registered Agent  
Name **O. Dean Madison**  
Street Address (P.O. Box Number is Not Acceptable)  
**4465 South Street**  
City **Titusville** **FL** Zip Code **32780**

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 *O. Dean Madison* DATE **5-8-00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MADISON, O DEAN	
STREET ADDRESS	4465 SOUTH ST	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BAKER, NORMA M.	
STREET ADDRESS	4513 W MAIN ST-LOT 51	
CITY-ST-ZIP	MIMS, FL 00000	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MADISON, D. MICHAEL	
STREET ADDRESS	4513 W MAIN ST	
CITY-ST-ZIP	MIMS FL 32754	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: *O. Dean Madison* **O. DEAN MADISON** DATE **4-11-00** (321) 269-7361  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2000/UBR