

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # H55281**

Entity Name

FLORIDA BOARD CAMPING ASSOCIATION, INC.

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90025 043 \*\*\*150.00

0534853 AV

Principal Place of Business

54 SW 84TH PLACE  
OCALA FL 34476

Mailing Address

6254 SW 84TH PLACE  
OCALA FL 34476  
US

0 4 4 0 0 0



Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

59-2571917

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

new

LARDIE, DOROTHY J

431 SW 70TH STREET NEW st. address

OCALA FL 34476

Name

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

6251 S. W. 84th Place

City Ocala

FL

Zip Code 34476-6061

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete  
NAME MERZ, CARL  
STREET ADDRESS 3500 SW 51ST AVE  
CITY-ST-ZIP FT LAUDERDALE FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE T ☐ Delete  
NAME LARDIE, DOROTHY J.  
STREET ADDRESS 6251 SW 84 PLACE  
CITY-ST-ZIP Ocala FL 34476-6061TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE S ☐ Delete  
NAME HARRIS, JUDITH  
STREET ADDRESS 3846 MALEC CIRCLE  
CITY-ST-ZIP SARASOTA FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE P ☐ Delete  
NAME CUMMINS, VIRGINIA  
STREET ADDRESS 27 COVES END DR  
CITY-ST-ZIP FT MYERS FL 33908TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☐ Delete  
NAME ROBERT LABORSSIERE  
STREET ADDRESS 107 25TH ST  
CITY-ST-ZIP OKEECHOBEE FL 34974TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VP ☐ Delete  
NAME PLOUF, DONALD  
STREET ADDRESS 688 REILLYS ROAD  
CITY-ST-ZIP PORT ORANGE FL 32127TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dorothy J. Lardie

2/1/02

Date

352-237-2062

Daytime Phone #

CR2E034 (9/01)