

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90306 022 ***150.00

DOCUMENT # H55281

1. Entity Name
FLORIDA BOARD CAMPING ASSOCIATION, INC.



Principal Place of Business
6254 SW 84TH PLACE
OCALA FL 34476
US

Mailing Address
6254 SW 84TH PLACE
OCALA FL 34476
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2571917

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LARDIE, DOROTHY J
6251 SW 84TH PLACE
OCALA FL 34476-6061

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Delete
NAME	LARDIE, DOROTHY J.	
STREET ADDRESS	6251 SW 84 PLACE	
CITY-ST-ZIP	OCALA FL 34476-6061	
TITLE	S	<input type="checkbox"/> Delete
NAME	HARRIS, JUDITH	
STREET ADDRESS	3846 MALEC CIRCLE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	CUMMINS, VIRGINIA	
STREET ADDRESS	27 COVES END DR	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBERT LABORSSIERE	
STREET ADDRESS	107 25TH ST	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PLOUF, DONALD	
STREET ADDRESS	688 REILLYS ROAD	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert LaBossiere	
STREET ADDRESS	107 25 th Street	
CITY-ST-ZIP	Okeechobee, FL. 34947	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Moore	
STREET ADDRESS	2132 Barbados Ave.	
CITY-ST-ZIP	Ft. Myers, FL. 33905	
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		

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:

Dorothy J. Lardie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dorothy J. Lardie

1/11/03

352-237-2062

Date

Daytime Phone #

CR2E034 (10/02)