2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State
03-20-2002 90064 042 ***150.00

DOCUMENT # J44023

1. Entity Name
MORNINGSIDE R.V. ESTATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12645 MORNING DR	7102 JASON DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DADE CITY, FL	City & State: ZEPHYRHILLS, FL
Zip: 33525 Country:	Zip: 33541 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3127593 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: JOSEPH L. HAVERLOCK
Street Address (P.O. Box Number is Not Acceptable): 7102 JASON DR
City: ZEPHYRHILLS **FL** Zip Code: 33541

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	DPT	TITLE	
NAME	MCGILLIAN, F	NAME	
STREET ADDRESS	12645 MORNING SIDE DR, 123	STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33525	CITY-ST-ZIP	
TITLE	DVST	TITLE	
NAME	FRIEND, R H	NAME	
STREET ADDRESS	LOT 236-37615 BEACHCREST LANE	STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Frederick McGillan President FREDERICK McGILLAN PRESIDENT 3/6/02 352 523-1922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #