


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 JUL 31 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 044023
1. Entity Name
Morningside R.V. Estates, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12645 Morning Drive
Suite, Apt. #, etc.

3. Mailing Address
12645 Morning Drive
Suite, Apt. #, etc.

100022294134
08/14/03--01002--004 **61.25
DO NOT WRITE IN THIS SPACE

City & State
Dade City FL

City & State
Dade City FL

Zip
33525 Country
USA

Zip
33525 Country
USA

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
Frederick G McGillan

Street Address (P.O. Box Number is Not Acceptable)
12645 Morning Dr. Lot 123

City
Dade City FL Zip Code
33525

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: Frederick S McMillan

DATE
7/21/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Frederick G. McGillan 12645 Morning Dr Lot 123 Dade City FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ronald N. Friend Vice-President 37615 Birchcrest Lane Zephyrhills FL 33541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Ronald N. Friend 37615 Birchcrest Lane Zephyrhills FL 33541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Frederick G. McGillan 12645 Morning Dr Lot 123 Dade City FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 007, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Frederick S McMillan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
7/21/03

Date Daytime Phone #

CR2E034B (12/02)