## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## J48708 **DOCUMENT#**

1. Entity Name



Apr 16, 2003 8:00 am Secretary of State 04-16-2003 90277 032 \*\*\*150.00

**FILED** 

SANTA F	E RIVER	RESORT & CAMI	PGROUN	ID, INC.						
Principal Place of Business 114 S.E. 1ST STREET. #9 GAINESVILLE FL 32601			114 S	Mailing Address 114 S.E. 1ST STREET. #9 GAINESVILLE FL 32601				iki <b>1</b> 4811 <b>148</b> 1	<b>     </b>	1 <b>7</b> 11 <b>6101</b> 1 1 <b>10</b> 1
2. Principal F	lace of Busin	ness	3. Mail	3. Mailing Address						
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.			☐ CHECK HERE IF N	MAKING (	CHANGES	
City & State			City	City & State			4. FEI Number 59-2751295			oplied For ot Applicable
Zip		Country	Zip		Country		5. Certificate of Status Desired		8.75 Add	litional
	6. Name	and Address of Currer	it Registere	d Agent			7. Name and Address of New Regis			
				روا د د د د د د د د د د د د د د د د د د د	Name					
SCHEEL,	WILLIAM B					(D				
114_SE 1ST STREET, #9					Street A	aaress (P	P.O. Box Number is Not Acceptable)			Ì
GAINESVILLE FL 32601										
SANTED TE SECON					City			FL	Zip Code	э
8. The above the obligat	named entity ions of regist	submits this statement ered agent.	for the purpo	ose of changing its re	gistered office or	registere	ed agent, or both, in the State of Florida	. I am far	niliar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered age	nt and title it appl	icable. (NOTE: R	egistered Agent signatu	re required v	when reinstating)	' DATE	, W	<del></del>
		! FEE IS \$150.00		<del></del>		·	= \(\frac{1}{2}\)		<del></del> -	
1 1 1		3 Fee will be \$550.00	, 1				9. Election Campaign Finance			May Be
		Florida Department					Trust Fund Contribution.	П	Added	I to Fees
10.	<del>`</del>	OFFICERS ANI	D DIRECTOR	RS	11.	<u>-</u>	ADDITIONS/CHANGES TO OFFICE	R\$ AND D	IRECTORS	3 IN 11
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CITY-ST-ZIP					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 eath; that I am an officer or director of the corporation or the reserver 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 address, with all other like empoweres changed, or on an

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR BURECTOR