

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K34972**

1. Entity Name
RECREATION INVESTMENTS OF FLORIDA, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90055 042 ***150.00

754508



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1125 HIGHWAY 98 EAST
DESTIN FL 32541
US**

Mailing Address
**1125 HIGHWAY 98 EAST
DESTIN FL 32541
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

Zip
Country

4. FEI Number **59-2919107**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**NORWOOD, CRAIG
1125 HWY. 98 EAST
DESTIN FL 32541**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
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.

SIGNATURE _____
Signature typed or printed name of registered agent and title, if applicable. (Typed Registered Agent's name is good for reference when re-registering) 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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NORWOOD, CRAIG 1125 HIGHWAY 98 EAST DESTIN FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARRETT, VICTOR L. 1125 HWY 98 EAST PIGEON FORGE TN	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROEDER, MICHAEL 2575 PARKWAY PIGEON FORGE TN	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILL, RITTNER 2575 PARKWAY PIGEON FORGE TN	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 empowerments.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael M. Roeder, V. Pres., 4/23/2001

(465)
453-4777
EXT 200

CR2E034 (10/00)