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Secretary of State
06-05-2000 90050 036 ***150.00

2000

DOCUMENT # K92370

CAMP LIVE OAK, INC.

[redacted]

Principal Place of Business
C/O VIVIAN LIPSCOMB
1925 N.E. 45TH ST., STE. 219
FT LAUDERDALE FL 33308
US

Mailing Address
C/O VIVIAN LISPCOMB
~~1925 N.E. 45TH ST., STE. 219~~
FT LAUDERDALE FL 33308
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1915 NE 45 ST
Suite, Apt. #, etc.
22 202
City & State
23 FT LAUDERDALE FL
Zip
24 33308
Country
25

2a. Mailing Address
26 1915 NE 45 ST. STE 202
Suite, Apt. #, etc.
27 202
City & State
28 FT LAUDERDALE FL
Zip
29 33308
Country
30

3. Date Incorporated or Qualified
06/01/1989

4. FEI Number
65-0123909
☐ Applied For
☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C/O VIVIAN A. LIPSCOMB
1915 N.E. 45TH ST.
STE. 202
FT LAUDERDALE FL FL 33308

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1609, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered agent signature required when reinstated)

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	LIPSCOMB, VIVIAN A.	
STREET ADDRESS	6278 N. FEDERAL HIGHWAY	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	1915 NE 45 STREET #202	
1.4 CITY-ST-ZIP	FT LAUDERDALE FL 33308	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Vivian A. Lipscomb April 30, 2000 954.491.2917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date