

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004571

1. Entity Name

STAY-N-PLAY RV RESORT, L.L.C.

FILED

01 APR 27 PM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

899 KNIGHTS TRAIL  
NOKOMIS FL 34275

Mailing Address

899 KNIGHTS TRAIL  
NOKOMIS FL 34275

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-4374865

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

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

City

FL

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.

(NOT E Registered Agent signature required when reinstating)

DATE

FILE-NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME P97000053982 MGR  
STAY-N-Play RV Resort Corporation  
STREET ADDRESS 2033 MAIN STREET, SUITE 600  
CITY-ST-ZIP SARASOTA, FL 34236

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STAY-N-Play RV Resort Corporation  
STREET ADDRESS 2033 MAIN STREET, SUITE 600  
CITY-ST-ZIP SARASOTA, FL 34236

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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

J.B. Pinski

4/9/01

941-425-1800

Date

Daytime Phone #

CR2E083 (11/00)