

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004571

1. Entity Name

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

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90157 043 ****50.00

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

P.O. Box 4136

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Sarasota, FL

4. FEI Number

36-4374865

Applied For

Not Applicable

Zip

Country

Zip

34230

Country

USA

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

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGR STAY-N-PLAY RV RESORT CORP 2033 MAIN STREET, STE 600 SARASOTA FL			

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

4/9/02

Date

941-485-1800

Daytime Phone #

CR2E083 (9/01)