

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90110 037 ***150.00

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AV

DOCUMENT # L00218

1. Entity Name
FLORIDA CAMPERS, INC.



Principal Place of Business
**4924 SOUTH STATE ROAD 7
FORT LAUDERDALE FL 33314**

Mailing Address
**4924 SOUTH STATE ROAD 7
FORT LAUDERDALE FL 33314**



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 **65-0131759**

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOHANNON, JAMI
4924 S STATE ROAD 7
FT. LAUDERDALE FL 33314

*Same Registered Agent
change of address*

Name

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

2956 NE 175 Street Road

City

Citrus

FL

Zip Code

33413

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jami Bohannon*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/1/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **BURCH, HELEN M.**
STREET ADDRESS **4924 S. STATE ROAD 7**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **PD** ☒ Change ☐ Addition
NAME **Bohannon, James D.**
STREET ADDRESS **4924 S. State Rd 7**
CITY-ST-ZIP **Ft. Lauderdale, FL 33314**

TITLE **VST** ☐ Delete
NAME **BOHANNON, JAMI**
STREET ADDRESS **4924 S. STATE ROAD 7**
CITY-ST-ZIP **FT. LAUDERDALE FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jami Bohannon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03
Date

352-5952956
Daytime Phone #

CR2E034 (10/02)