

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91137 021 ***150.00

DOCUMENT # L35518

1. Entity Name

CAMPERAMA OF TREASURE COAST, INC.

Principal Place of Business

2660 NORTH U.S. 1
FORT PIERCE FL 34946

Mailing Address

2660 NORTH U.S. 1
FORT PIERCE FL 34946

2. Principal Place of Business

10132 INVERNESS WY

3. Mailing Address

10132 INVERNESS WY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE, FL

City & State

PORT ST LUCIE, FL

Zip

34986

Country

USA

Zip

34986

Country

USA

4. FEI Number

03-0224927

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RYAN, BETSY
2660 N US 1
FORT PIERCE FL 34946

Name

MARGARET E. RYAN

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

10132 INVERNESS WY

PORT ST. LUCIE

FL

Zip Code
34986

7. Name and Address of New Registered Agent

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

Margaret E. Ryan

(NOTE: Registered Agent signature required when reinstating)

4/26/01

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	C	<input checked="" type="checkbox"/> Delete
NAME	RYAN, DONALD W.	
STREET ADDRESS	2660 NORTH U.S. 1	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	RYAN, MARGARET	
STREET ADDRESS	2660 N US #1	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RYAN, BETSY M.	
STREET ADDRESS	2660 NO US 1	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGARET E. RYAN	
STREET ADDRESS	10132 INVERNESS WY	
CITY-ST-ZIP	PORT ST LUCIE, FL 34986	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10132 INVERNESS WY	
CITY-ST-ZIP	PORT ST LUCIE, FL 34986	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGARET E. RYAN	
STREET ADDRESS	10132 INVERNESS WY	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34986	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Margaret E. Ryan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

DATE

561-464-9250

Daytime Phone #

CR2E034 (10/00)