

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000717

1. Entity Name

BEN'S HITCHING POST CAMPGROUND, L.C.

Principal Place of Business

2440 NE 115TH AVE.
SILVER SPRINGS FL 34488

Mailing Address

2440 NE 115TH AVE.
SILVER SPRINGS FL 34488

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 59-3453610

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHULTZ, PATRICIA
2440 NE 115TH AVE.
SILVER SPRINGS FL 34488

7. Name and Address of New Registered Agent

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete
MEM SCHULTZ, PATRICIA
STREET ADDRESS 2440 NE 115TH AVE.
CITY-ST-ZIP SILVER SPRINGS FL 34488

TITLE NAME ☐ Delete
MEM SCHULTZ, LEROY SR.
STREET ADDRESS 2440 NE 115TH AVE.
CITY-ST-ZIP SILVER SPRINGS FL 34488

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
600003552816-9
STREET ADDRESS -01/18/01--01010--003
CITY-ST-ZIP *****60.00 *****60.00

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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

Date

Daytime Phone #

FILED 1/11/01
01 JAN 11 AM 9:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

UNCLAS. S. AT

CR2E083 (11/00)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JAN 11 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F32467

1. Corporation Name

Apache Boats, Inc.

2. Principal Office Address

15821 Chief Court

Suite, Apt. #, etc.

City & State

Ft. Myers, FL

Zip

33912

Country

USA

3. Mailing Office Address

15821 Chief Court

Suite, Apt. #, etc.

City & State

Ft. Myers, FL

Zip

33912

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/28/81

5. FEI Number

59-2171850

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$875. Additional Fee required
for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name

Mark McManus

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

15821 Chief Court

Suite, Apt. #, Etc.

City

Ft. Myers

State

FL

Zip Code

33912

800003568548-8
-01/24/01--01004--020
***1658.75 ***1658.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 12-1-00

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	Mark McManus	15821 Chief Court	Ft. Myers, FL 33912

REINSTATEMENT 95-01
C.C.

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-01

Date

941-454-1114

Daytime Phone #