

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000001682

1. Entity Name

BOWLEGS CAMP, INC.

Principal Place of Business

33 RISHER AVE
INGLIS FL 34449

Mailing Address

33 RISHER AVE
INGLIS FL 34449

2. Principal Place of Business

Hc1 Box 179
Suite, Apt. #, etc.

3. Mailing Address

Hc1 Box 179
Suite, Apt. #, etc.

City & State

Horse Shoe Ben Fla
Zip Country

City & State

Horse Shoe Ben Fla
Zip Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, CHARLIE
33 RISHER AVE
INGLIS FL 34449

7. Name and Address of New Registered Agent

Name
BLAINE C. HARRIS
Street Address (P.O. Box Number is Not Acceptable)
Hc1 Box 179
City
Horse Shoe Ben FL Zip Code
32648-9701

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

BLAINE C. HARRIS
Signature, typed or printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

4-25-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | ROTENBERGER, RAY | |
| STREET ADDRESS | 6910 E LEANING OAKS CT | |
| CITY-ST-ZIP | INVERNESS FL 32850 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HARRIS, CHARLIE | |
| STREET ADDRESS | 33 RISHER AVE | |
| CITY-ST-ZIP | INGLIS FL 34449 | |
| TITLE | DST | <input type="checkbox"/> Delete |
| NAME | HARRIS, BLAINE | |
| STREET ADDRESS | 33 RISHER AVE | |
| CITY-ST-ZIP | INGLIS FL 34449 | |
| 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 | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| 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 | |
| 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 | |

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 617, 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:

BLAINE C. HARRIS
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-19-2002 90075 014 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)