

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

DOCUMENT # N10493

1. Entity Name

SERTOMA FAMILY CAMPERS, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

04-20-2000 90051 001 ****61.25

Principal Place of Business	Mailing Address
7150 MULLINS RD BROOKSVILLE FL 34609	7150 MULLINS RD BROOKSVILLE FL 34609-8444

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-2616841	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BROOK, V JOHN JR 695 CENTRAL AVE ST PETERSBURG FL 33701

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 \$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	PD
NAME	VEGA, JOE
STREET ADDRESS	7150 MULLINS RD
CITY-ST-ZIP	BROOKSVILLE FL
<input type="checkbox"/> Delete	
TITLE	SD
NAME	SHANNON, JAMES
STREET ADDRESS	6901 WOODSMAN AVE
CITY-ST-ZIP	ZEPHYRHILLS FL
<input checked="" type="checkbox"/> Delete	
TITLE	TD
NAME	LOUISE SMITH
STREET ADDRESS	106 2ND ST NW
CITY-ST-ZIP	RUSKIN FL 33570
<input checked="" type="checkbox"/> Delete	
TITLE	D
NAME	WOMACK, MARK
STREET ADDRESS	10124 KENLAKE DRIVE
CITY-ST-ZIP	RIVERVIEW FL 33569
<input type="checkbox"/> Delete	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD
NAME	JOE VEGA
STREET ADDRESS	7150 MULLINS RD
CITY-ST-ZIP	BROOKSVILLE FL 34609
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D
NAME	LARRY GIBSON
STREET ADDRESS	85 MEYERS RD
CITY-ST-ZIP	BROOKSVILLE, FL 34602
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	BRUCE SMITH D
NAME	106 2ND ST NW
STREET ADDRESS	RUSKIN FL 33570
CITY-ST-ZIP	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	VP D
NAME	MARK WOMACK
STREET ADDRESS	10124 KENLAKE DR
CITY-ST-ZIP	RIVERVIEW FL 33569
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *JOE VEGA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-00

Date

352 796-1201

Daytime Phone #

CR2E037 (9/99)