

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90035 005 ****61.25

DOCUMENT # N33768

1. Entity Name

THE GREAT OUTDOORS PREMIER R.V./GOLF RESORT COMM

Principal Place of Business

Mailing Address

145 PLANTATION DR
TITUSVILLE FL 32780
US

145 PLANTATION DR
TITUSVILLE FL 32780-2528
US

041440



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2964957

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

EVANS, JOHN H.
1702 S WASHINGTON AVE
TITUSVILLE FL 32780

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP	☐ Delete
NAME	DIDOMENICO, PATRICK E	
STREET ADDRESS	135 PLANTATION DR	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	☐ Delete
NAME	TURGEON, NANCY	
STREET ADDRESS	135 PLANTATION DR	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	☒ Delete
NAME	MANTOOTH, GLEN	
STREET ADDRESS	135 PLANTATION DR	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	☒ Delete
NAME	WEIDNER, NANCY	
STREET ADDRESS	135 PLANTATION DR	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	☒ Delete
NAME	YOUNG, ROBERT	
STREET ADDRESS	135 PLANTATION DR	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	P	☐ Delete
NAME	KIRSCHENBA, MALCOLM R	
STREET ADDRESS	135 PLANTATION DR	
CITY-ST-ZIP	TITUSVILLE FL 32780	

TITLE	DP	☒ Change ☐ Addition
NAME	MALCOLM KIRSCHENBAUM	
STREET ADDRESS	145 PLANTATION DR	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	DVP	☐ Change ☒ Addition
NAME	JACK HOGAN	
STREET ADDRESS	145 PLANTATION DR	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	DS	☐ Change ☒ Addition
NAME	NAN TURGEON	
STREET ADDRESS	145 PLANTATION DR	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/00

CR2E037 (9/99)