

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90005 008 ****61.25

DOCUMENT # N39030

1. Entity Name

CAMP FLORIDA COMMONS RECREATION ASSOCIATION, INC

Principal Place of Business

1525 US 27 SOUTH
LAKE PLACID FL 33852
US

Mailing Address

1525 US 27 SOUTH
LAKE PLACID FL 33852
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0239968

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

~~TERESA A LOVELETTE~~ Al Shultz
1525 US 27 S
LAKE PLACID FL 33852-8169

Name

Al Shultz

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

1525 US 27 South

City

Lake Placid,

FL

Zip Code
33852

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

Al Shultz

Pres.

2/1/2001

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 DP ☒ Delete
NAME R ANTHONY COZIER
STREET ADDRESS 241 SHORELINE DR
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE PD ☒ Change ☐ Addition
NAME Al Shultz
STREET ADDRESS 46 Hidden Harbor Lane
CITY-ST-ZIP Lake Placid, FL 33852

TITLE VPD ☒ Delete
NAME EVELYN CLOUGH
STREET ADDRESS 22 FREEDOM WAY
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE TD ☒ Change ☐ Addition
NAME Jack Aires
STREET ADDRESS 62 Beachfront Lane
CITY-ST-ZIP Lake Placid, FL 33852

TITLE DST ☒ Delete
NAME TERESA LOVELETTE
STREET ADDRESS 5831 GOLDEN RD
CITY-ST-ZIP SEBRING FL 33872

TITLE D ☒ Change ☐ Addition
NAME George Dent
STREET ADDRESS 44 Oak Ridge Circle
CITY-ST-ZIP Lake Placid, FL 33852

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Cloyd Hassinger
STREET ADDRESS 20 Freedom Way
CITY-ST-ZIP Lake Placid, FL 33852

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Dallas O'Donnel
STREET ADDRESS 212 Shoreline Drive
CITY-ST-ZIP Lake Placid, FL 33852

TITLE ☐ Delete
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)