## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9300000554

1. Entity Name

THE GREAT OUT	DOORS PREMIE	:R R.V./GOLF HESORT V	CO				
Principal Place of Business  145 PLANTATION DR TITUSVILLE FL 32780 US		Mailing Address					
		145 PLANTATION DR TITUSVILLE FL 32780 US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City & State		City & State					
Zip	Country	Zip	Country				

## **FILED** Apr 25, 2001 8:00 am Secretary of State 04-25-2001 90124 004 \*\*\*\*61.25

US		US					
2. Principal Pla	ace of Business	3. Mailing Address					
					<b>411 (8140</b> 1111) <b>30</b> 111 <b>55</b> 111 <b>33</b> 11 <b>38</b> 111	90131 80181 01131 <b>9</b> 1	III BIBI IBBI
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State City & State			4. FEI Numbe	59-3232356		plied For Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Add	itional
6. Name and Address of Current Registered Agent			7. Name and	7. Name and Address of New Registered Agent			
			Name	Name			
EVANS, JOHN H 1702 S. WASHINGTON AVE TITUSVILLE FL 32780		Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
		City		F	Zip Code	,	
8. The above	named entity submits this statement t	for the purpose of changing its	reaistered office or rea	istered agent, or bot			
	•		3	•			
SIGNATURE _	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registered Agent signature red	quired when reinstating)	DATE		<del></del>
					1		
	FILE NOW:	9. Election Campaign	n Financing \$	5.00 May Be	Make Check	Payable to	
	FEE IS \$61.25	Trust Fund Contrib	oution. $\square$ Å	<b>5.00</b> May Be ided to Fees	Departme		į
- 10	OFFICERO AND F	NOCATORS		ABBITIONOTOL	ANOTO TO OFFICERO AND	DIDEOTODO IN	
10.	OFFICERS AND D	Delete	TITLE D		ANGES TO OFFICERS AND I	Change	
NAME	PERRY, ARTHUR	LAS Delete	NAME V	n Tennina	s Fron Drive AL 32780	, change	Addition
STREET ADDRESS	145 PLANTATION DR.		STREET ADDRESS 1	< Planta	Fion Drive		
CITY-ST-ZIP	TITUSVILLE FL 32780		CITY-ST-ZIP	itusville	PL 32780		
TITLE	DV	☐ Defete	TITLE		•	☐ Change	☐ Addition
NAME	LIEDTKE, NORMAN		NAME			<b>–</b> •	_
STREET ADDRESS	145 PLANTATION DR.		STREET ADDRESS				
CITY-ST-ZIP	TITUSVILLE FL 32780		CITY-ST-ZIP				
TITLE	DST	Delete	TITLE DS	51	•	Change	Addition
NAME	METZ, JIHN	•	NAME Ju	dy Under	wood m Drive FL 32780		′
STREET ADDRESS	1101 = 11111111111111111111111111111111		STREET ADDRESS	S Plantatu	m unive		
CITY-ST-ZIP	TITUSVILLE FL 32780		CITY-ST-ZIP	litusville	FL 32180		
TITLE		☐ Delete	TITLE			Change	Addition
NAME		III Delete					
		C Detele	NAME				
STREET ADDRESS		LLI DESERE	STREET ADDRESS				
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CITY-ST-ZIP TITLE NAME			STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ Change	☐ Addition
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CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE		☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			_ v	

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:

SGNATURE AND TYPED OF PRINTED AME OF SIGNING OFFICER OR DIRECTOR

321-268 9767