

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

0044650

DOCUMENT # N97000005617

1. Entity Name

POLK COUNTY RV PARK OWNERS ASSOCIATION, INC.

03-20-2002 90037 015 ****61.25

Principal Place of Business

Mailing Address

25 SANLAN RANCH DR.
LAKE LAND FL 33813

2925 SANLAN RANCH DR.
LAKE LAND FL 33813



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

59-3471459

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

HOLLOWAY, E. EDWARD JR.
2925 SANLAN RANCH DR.
LAKE LAND FL 33813

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, RANDY	
STREET ADDRESS	7700 OSCEOLA POLK RD	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCARTHY, STEVE	
STREET ADDRESS	7700 OSCEOLA POLK RD	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOLLOWAY, E E JR	
STREET ADDRESS	2925 SANLAN RANCH DRIVE	
CITY-ST-ZIP	LAKE LAND FL 33813	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, PETER	
STREET ADDRESS	2525 FRONTAGE RD	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCARTHY, STEVE	
STREET ADDRESS	7700 OSCEOLA POLK RD	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, ROBERT	
STREET ADDRESS	10511 MONROE CT	
CITY-ST-ZIP	LAKE WALES FL 33853-8459	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/02

Date

863-665-1601

Daytime Phone #

CP2E037 (9/01)