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## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFI

## Apr 25, 2001 8:00 am Secretary of State DOCUMENT # N9700006024 1. Entity Name THE GREAT OUTDOORS PREMIER R.V./GOLF RESORT XII -25-2001 90124 012 \*\*\*\*61.25 Principal Place of Business Mailing Address 135 PLANTATION DR. 135 PLANTATION DR. TITUSVILLE FL 32780 TITUSVILLE FL 32780 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3485158 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent H. Evans Street Address (P.O. Box Number is Not Acceptable) GLASS, GREGORY W 1800 W. HIBISCUS BLVD., STE. 138 1702 S. Washington Ave MELBOURNE FL 32902-1870 Titusville 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. SIGNATUR Signature, typed or printed egistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DVP Addition CR2E037 (10/00) TITLE Delete TITLE Change Marika Wagner ARBUCKLE, NANCY NAME NAME 145 Plantation Drive STREET ADDRESS 135 PLANTATION DR. STREET ADDRESS Titusville FL 32780 CITY-ST-ZIP TITUSVILLE FL 32780 CITY-ST-ZIP DV Delete TITLE DVP Addition TITLE Change IKE Rigell 145 Plantation Drive HANSEL, LYNN R NAME NAME STREET ADDRESS 135 PLANTATION DR. STREET ADDRESS Titusville FL 32780 CITY-ST-ZIP TITUSVILLE FL 32780 CITY-ST-ZIP DP DST Addition TITLE Delete TITLE Change HANSEL, LYNN R Joan Furci NAME NAME 145 Plantation Drive STREET ADDRESS 135 PLANTATION DR. STREET ADDRESS Titusville FL 32780 CITY-ST-ZIP TITUSVILLE FL 32780 CITY-ST-ZIP DST Delete TITLE TITLE Change ☐ Addition TURGEON, NAN NAME NAME STREET ADDRESS 135 PLANTATION DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITUSVILLE FL 32780 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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.

R OR DIRECTOR