

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N99000004407**

1. Entity Name

**PEACE VALLEY CAMP, INC.**

Principal Place of Business

**3297 CR 664  
BOWLING GREEN FL 33834**

Mailing Address

**3297 CR 664  
BOWLING GREEN FL 33834**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-1051286**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HERRON, CLAUDEENE  
3297 CR 664  
BOWLING GREEN FL 33834**

7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	BOYETTE, HERMAN	P O BOX 245	BOWLING GREEN FL 33834	<input type="checkbox"/>

VD	EVANS, LARRY	301 LOUIS EDWARDS CT	LAKDLAND FL 33809-6129	<input type="checkbox"/>
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SD	HERRON, CLAUDEENE	3297 CR 664	BOWLING GREEN FL 33834	<input type="checkbox"/>
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TD	HERRON, DOUGLAS	P O BOX 2231	WAUCHULA FL 33873	<input checked="" type="checkbox"/>
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D	HERRON, RONALD	P O BOX 694	WAUCHULA FL 33873	<input type="checkbox"/>
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D	JOHNSON, HAZEL	3161 CR 664	BOWLING GREEN FL 33834	<input checked="" type="checkbox"/>
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	RICHARD YATES	410 S.E. THIRD ST.	FORT MEADE, FL. 33841	<input type="checkbox"/>	<input checked="" type="checkbox"/>

D	DELILIA SHEPARD	365 OLD DIXIE HWY.	BOWLING GREEN, FL. 33834	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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D	JEAN YATES	P.O. BOX 465	BOWLING GREEN, FL. 33834	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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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:

**CLAUDEENE HERRON**

Date

1-2-01 863-375-4438

Daytime Phone #

CR2E037 (10/00)