2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N99000004767 Aug 09, 2000 8:00 am Secretary of State 1. Entity Name RV RESORT AT ST. LUCIE WEST OWNERS ASSOCITION, I 08-09-2000 90082 030 ****61.25 Principal Place of Business Mailing Address C/O OUTDOOR RESORTS OF AMERICA. INC. NW PEACOCK BLVD 2400 CRESTMOOR ROAD SUITE 200 PORT ST. LUCIE FL 34986 NUUTRALLU NASHVILLE TN 37215 3. Mailing Address 2. Principal Place of Business 800 N.W. PEACOCK BLVD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CRARY, LAWRENCE E III CRARY BUCHANAN BOWDISH ET AL. 555 COLORADO AVENUE Zip Code City STUART FL 34994 FL 🐔 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees After September 13, 2000 min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Delete TITLE ☐ Addition TITLE HENDERSON, E. RANDALL JR NAME NAME STREET ADDRESS 2400 CRESTMOOR ROAD SUITE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **NASHVILLE TN 37215** DVS ☐ Change ☐ Addition ☐ Delete TITLE PETTY, RONALD W NAME NAME 2400 CRESTMOOR ROAD SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NASHVILLE TN 37215** Addition . Delete TITLE ☐ Change WILLIAMS, EDWARD L NAME NAME 2400 CRESTMOOR ROAD SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP NASHVILLE TN 37215 Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP ☐ Change ■ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINT