

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000047268

1. Entity Name

HIDDEN RIVER RV RESORT AND PUB, INC.

FILED
May 30, 2001 8:00 am
Secretary of State

05-11-2001 90099 036 ***150.00

Principal Place of Business 4666 CR 3000 LAKE PANASOFFKEE FL 33535	Mailing Address 4666 CR 3000 LAKE PANASOFFKEE FL 33535
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2. Principal Place of Business 4666 CR 300	3. Mailing Address 4666 CR 300
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Lake Panasoffkee, FL	City & State Lake Panasoffkee, FL
Zip 33538	Zip 33538
Country	Country

4. FEI Number 59-3643154	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SHYNER, STANLEY
4666 CR 3000
LAKE PANASOFFKEE FL 33535

7. Name and Address of New Registered Agent

Name Stanley Shyner
Street Address (P.O. Box Number is Not Acceptable)
4666 CR 300
City Lake Panasoffkee FL Zip Code 33538

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHYNER, STANLEY 4666 CR 3000 LAKE PANASOFFKEE FL 33535 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stanley Shyner 4666 CR 300 Lake Panasoffkee, FL 33538 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

423-2001 352-569-9306
Date Daytime Phone #

CR2E034 (10/00)