

# 2001 UNIFORM BUSINESS REPORT (UBR)

3.

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90188 001 \*\*\*300.00

**DOCUMENT # P00000093001**

1. Entity Name

**RECREATION USA INSURANCE CORPORATION**

Principal Place of Business

7851 GREENBRIAR PARKWAY  
 ORLANDO FL 32819

Mailing Address

7851 GREENBRIAR PARKWAY  
 ORLANDO FL 32819

2. Principal Place of Business

200 E. Broward Blvd.

Suite, Apt. #, etc.

Suite 920

City & State

Ft. Lauderdale, FL

Zip

33301

Country

USA

3. Mailing Address

200 E. Broward Blvd

Suite, Apt. #, etc.

Suite 920

City & State

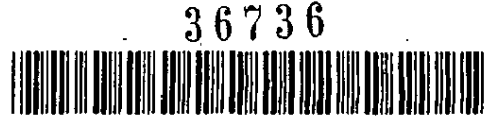
Fort Lauderdale, FL

Zip

33301

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**RODNEY, GARY**  
 7851 GREENBRIAR PARKWAY  
 ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name

Michael S. Riley

Street Address (P.O. Box Number is Not Acceptable)

200 E Broward Blvd.,

Suite 920

City

Ft. Lauderdale

FL

Zip Code  
 33301

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/19/01

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 **Chairman** ☐ Delete  
 NAME **Michael S. Riley**  
 STREET ADDRESS **200 E. Broward Blvd., Suite 920**  
 CITY-ST-ZIP **Fort Lauderdale, FL 33301**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

3/19/01

Date

954-522-9903

Daytime Phone #

CR2E034 (10/00)