

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90192 027 \*\*\*150.00

**DOCUMENT # P02000082107**

1. Entity Name

OMNI RV TRAVEL CLUB, INC.



Principal Place of Business

4300 RIVERSIDE DRIVE SITE #87  
PUNTA GORDA FL 33982

Mailing Address

P.O. BOX 510266  
PUNTA GORDA FL 33951

2. Principal Place of Business

4300 RIVERSIDE DR.

3. Mailing Address

P.O. BOX 510266

Suite, Apt. #, etc.

SITE 87

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

PUNTA GORDA, FL

City & State

PUNTA GORDA, FL

4. FEI Number

378-187210

Applied For

Not Applicable

Zip

33982

Country

USA

Zip

33951

Country

USA

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HALL, ORREN M

4300 RIVERSIDE DRIVE SITE #87

PUNTA GORDA FL 33982

7. Name and Address of New Registered Agent

Name

ORREN M. HALL

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

4300 RIVERSIDE DR. SITE 87

City

PUNTA GORDA

FL

Zip Code

33982

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Orren M. Hall*  
Signature, typed or printed name of registered agent and title if applicable

ORREN M. HALL

(NOTE: Registered Agent signature required when reinstating)

*January 2003*

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	HALL, ORREN M	
STREET ADDRESS	4300 RIVERSIDE DRIVE SITE #87	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 607, 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:

ORREN M. HALL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)