

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90064 001 \*\*\*150.00

**DOCUMENT # P31253**

1. Entity Name

**RECREATIONAL ADVENTURES CO.**

Principal Place of Business

**100 N PHILLIPS AVE  
 STE 901  
 SIOUX FALLS SD 57104  
 US**

Mailing Address

**100 N PHILLIPS AVE  
 STE 901  
 SIOUX FALLS SD 57104  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

**46-0355993**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STREETER, JOHN**

**5120 STRINGFELLOW RD**

**P.O. DRAWER 1507**

**ST JAMES CITY FL 33956**

Name

**Ryan Flick**

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

**5120 Stringfellow Road**

City

**St. James City**

**FL**

Zip Code

**33956**

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

**Ric Ryan Flickler, President**

DATE

**4/1/02 ch 20, 2002**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ABBOTT, J W</b>	
STREET ADDRESS	<b>415 E MAIN ST</b>	
CITY-ST-ZIP	<b>VERMILLION SD 57069</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KNUDSON, DAVID L</b>	
STREET ADDRESS	<b>2100 SLATEN COURT</b>	
CITY-ST-ZIP	<b>SIOUX FALLS SD</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BIERSCHBACH, DOUGLAS M.</b>	
STREET ADDRESS	<b>805 2ND ST., SW</b>	
CITY-ST-ZIP	<b>DESMET SD</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, J. ALAN</b>	
STREET ADDRESS	<b>P O BOX 295 N/A</b>	
CITY-ST-ZIP	<b>HILL CITY SD</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HAYES, ROBERT E.</b>	
STREET ADDRESS	<b>1303 S. MAIN AVENUE</b>	
CITY-ST-ZIP	<b>SIOUX FALLS SD</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>CUTLER, RICHARD A</b>	
STREET ADDRESS	<b>1005 RALPH ROGERS RD</b>	
CITY-ST-ZIP	<b>SIOUX FALLS SD</b>	

TITLE	<b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Christopher A. Cutler</b>	
STREET ADDRESS	<b>23824 Placer Place</b>	
CITY-ST-ZIP	<b>Rapid City, SD 57702</b>	
TITLE	<b>Secretary-Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jean Brockmueller</b>	
STREET ADDRESS	<b>2108 Slaten Court</b>	
CITY-ST-ZIP	<b>Sioux Falls, SD 57103</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Kent R. Cutler</b>	
STREET ADDRESS	<b>215 Spyglass Drive</b>	
CITY-ST-ZIP	<b>Sioux Falls, SD 57108</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>David Bozied</b>	
STREET ADDRESS	<b>676 Park Avenue</b>	
CITY-ST-ZIP	<b>Brookings, SD 57006</b>	
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		

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

**Richard A. Cutler, President**

3/25/02

605-335-4950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0626701 AB

CR2E034 (9/01)