

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90067 035 ***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

4. FEI Number **46-0355993**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLICK, RYAN
5120 STRINGFELLOW RD
SAINT JAMES CITY FL 33956**

Name

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

City

FL

Zip Code

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 
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/2003

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Delete
NAME **CUTLER, CHRISTOPHER A**
STREET ADDRESS **23824 PLACER PLACE**
CITY-ST-ZIP **RAPID CITY SD 57702**

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

TITLE **ST** ☐ Delete
NAME **BROCKMUELLER, JEAN**
STREET ADDRESS **2108 SLATEN COURT**
CITY-ST-ZIP **SIOUX FALLS SD 57103**

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

TITLE **D** ☐ Delete
NAME **CUTLER, KENT R**
STREET ADDRESS **215 SPYGLASS DRIVE**
CITY-ST-ZIP **SIOUX FALLS SD 57108**

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

TITLE **V** ☐ Delete
NAME **JOHNSON, J. ALAN**
STREET ADDRESS **P O BOX 295 N/A**
CITY-ST-ZIP **HILL CITY SD**

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

TITLE **D** ☐ Delete
NAME **BOZIED, DAVID**
STREET ADDRESS **676 PARK AVENUE**
CITY-ST-ZIP **BROOKINGS SD 57006**

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

TITLE **PD** ☐ Delete
NAME **CUTLER, RICHARD A**
STREET ADDRESS **1005 RALPH ROGERS RD**
CITY-ST-ZIP **SIOUX FALLS SD**

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/2003

Date

Daytime Phone #

CR2E034 (10/02)