

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000066669

1. Entity Name

FJIAN R.V. PARK, INC.

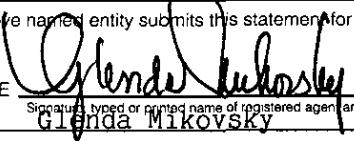
Principal Place of Business	Mailing Address
6500 SOUTH HIGHWAY 441 OKEECHOBEE FL 34974 US	6500 SOUTH HIGHWAY 441 OKEECHOBEE FL 34974-9599 US

2. Principal Place of Business	3. Mailing Address 6500 SE Hwy. 441
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHIVER, MICHAEL W 200 N.W. AVENUE L BELLE GLADE FL 33430	Name GLENDA MIKOVSKY Street Address (P.O. Box Number is Not Acceptable) 6500 SE HIGHWAY 441
	City OKEECHOBEE Zip Code FL 34974

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  President.

(NOTE: Registered Agent signature required when reinstating)

4-17-00

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State
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10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACE, ROBERT L 11139 ISLE BROOK COURT WEST PALM BEACH FL 33414	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIKOVSKY, GLENDA T 2369 S.W. 21ST STREET OKEECHOBEE FL 34974	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6500 SE Highway 441 Okeechobee, FL 34974-9599
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIVER, MICHAEL W 200 N.W. AVENUE L OKEECHOBEE FL 33430	<input checked="" type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D MIKOVSKY, MICHAEL J. 6500 SE Highway 441 Okeechobee, Florida 34974-9599
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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:  Glenda Mikovsky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-00

863-763-6200

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (999)