

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000066669

1. Entity Name

FIJIAN R.V. PARK, INC.

Principal Place of Business

6500 SOUTH HIGHWAY 441  
OKEECHOBEE FL 34974  
US

Mailing Address

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

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0525932

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

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

FL

Zip Code  
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 *Glenda Mikovsky* President

4-17-00

DATE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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 D ☒ Delete  
NAME MACE, ROBERT L  
STREET ADDRESS 11139 ISLE BROOK COURT  
CITY-ST-ZIP WEST PALM BEACH FL 33414

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

TITLE D ☐ Delete  
NAME MIKOVSKY, GLENDA T  
STREET ADDRESS 2369 S.W. 21ST STREET  
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6500 SE Highway 441  
CITY-ST-ZIP Okeechobee, FL 34974-9599

TITLE D ☒ Delete  
NAME SHIVER, MICHAEL W  
STREET ADDRESS 200 N.W. AVENUE L  
CITY-ST-ZIP OKEECHOBEE FL 33430

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME MIKOVSKY, MICHAEL J.  
STREET ADDRESS 6500 SE Highway 441  
CITY-ST-ZIP Okeechobee, Florida 34974-9599

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Glenda Mikovsky* Glenda Mikovsky

4-17-00

863-763-6200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)