

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

DOCUMENT # P94000066669

1. Entity Name
FIJIAN R.V. PARK, INC.



04-21-2003 90339 021 ***158.75

Principal Place of Business
**6500 HIGHWAY 441- SE
OKEECHOBEE FL 34974
US**

Mailing Address
**6500 HIGHWAY 441- SE
OKEECHOBEE FL 34974
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0525932**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MIKOVSKY, GLENDA
6500 SE HIGHWAY 441
OKEECHOBEE FL 34974**

Name **Catherine L. Loudon**
Street Address (P.O. Box Number is Not Acceptable)
6500 Highway 441, SE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Catherine L. Loudon* **03-10-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MIKOVSKY, GLENDA T	
STREET ADDRESS	6500 SE HIGHWAY 441	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MIKOVSKY, MICHAEL J	
STREET ADDRESS	6500 SE HIGHWAY 441	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Catherine L. Loudon	
STREET ADDRESS	6500 Highway 441 S.E	
CITY-ST-ZIP	Okeechobee, FL 34974	
TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dana L. Loudon	
STREET ADDRESS	6500 Highway 441 S.E.	
CITY-ST-ZIP	Okeechobee, FL 34974	
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
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:

Catherine L. Loudon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 10, 2003 863-763-6200
Date Daytime Phone #

CR2E034 (10/02)