

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**  
 02-21-2002 90030 006 \*\*\*158.75

**DOCUMENT # P95000059813**

1. Entity Name  
**ROYAL RV RESORTS, INC.**

Principal Place of Business  
**20285 US HWY 27 NORTH**  
**CLERMONT FL 34711**

Mailing Address  
**PO BOX 365**  
**TENTON MI 48430**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**P O BOX 770337**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Winter Garden, FL**

4. FEI Number  
**59-3328883**

Applied For  
 Not Applicable

Zip

Country

Zip  
**34711**

Country  
**USA**

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

**DEWITT, DALE A**  
**10215 LAKE LOUISA RD**  
**C**  
**CLERMONT FL 34711**

Name  
**Ann L Severns**  
 Street Address (P.O. Box Number is Not Acceptable)  
**16617 Champions Court**  
 City  
**Clermont** **FL** Zip Code  
**34711**

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 **2/1/02**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	PD DEWITT, DALE A 10215 LAKE LOUISA RD. CLERMONT FL 34711 <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	VPD DEWITT, THEODORE D 107001 LAKE LOUISA RD CLERMONT FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10701 Lake Louisa Rd</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DEWITT, THOMAS A 238 E. LAKESHORE DR. CLERMONT FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>228 E Lakeshore Dr</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SEVERNS, ANN L 10479 RUNYAN LAKE PT. FENTON MI 48430 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>16617 Champions Court Clermont FL 34711</b>
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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/2/02** **407-656-1749**

CR2E034 (9/01)