## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 26, 2000 8:00 am Secretary of State DOCUMENT # P9500061191 1. Entity Name CAMPING RESORT OF THE PALM BEACHES, INC. 01-26-2000 90016 047 \*\*\*158.75 Mailing Address Principal Place of Business 5332 LAKBUWORTH RD. C/O MR. & MRS. AL CRISTINI 8758 SE RIVERFRONT TERRACE TEQUESTA 1 33477-4402 LAKE WORTH FL 33463 2. Principal Place of Business 3. Mailing Address 810 SATURN OOB Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 14 IT 16-19 4 o RLANDO Applied For City & State 4. FEI Number 59-3329727 ORLA NDO FLA \$8.75 Additional 5. Certificate of Status Desired us.A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CRISTINI, AL Street Address (P.O. Box Number is Not Acceptable) BID, SATURN ET 8758 S.E. PLYERFRONT TERR TEQUESTA FL 33469 810 SATURN 8. The above named entity submits this statement for the purpose of changing its registered office or L. CRISTINI SIGNATURE (NOTE: Registered Agent signature required when reinstati FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. 9 10 SATURN ST ☐ Delete TITLE TITLE CRISTINI, ALFRED NAME 5332 LAKE WORTH RD. STREET ADDRESS JUPITER LAKE WORTH FL 33463 CITY-ST-ZIE Change \_\_\_\_\_ TITI F TITLE CRISTINI, JACQUELINE NAME NAME 5332 LAKE/WORTH RD. STREET ADDRESS STREET ADDRESS LAKE WORTH FL CITY-ST-7IP CITY-ST-ZIP Change ☐ Delete TITLE CRISTINI, ALFRED JR NAME NAME 5332 LAKE WORTH RD. STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33463 CITY-ST-ZIP CITY-SJ-ZIP\_ \_ · · · · · □ Change TITLE □ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ · · · · [] Change TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 the empowered.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: A