

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90337 047 ***150.00

0186873 AV

DOCUMENT # P96000008841

1. Entity Name
KOUNTREE RV, INC.

Principal Place of Business
8901 S.W. 150 PLACE CIRCLE
MIAMI FL 33196

Mailing Address
8901 S.W. 150 PLACE CIRCLE
MIAMI FL 33196



2. Principal Place of Business
8230 COLLIER BLVD.

3. Mailing Address
8230 COLLIER BLVD.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NAPLES FL.

City & State
NAPLES, FL.

Zip
34114

Country
USA

City & State
NAPLES, FL.

Zip
34114

Country
USA

4. FEI Number **74-2778431**

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

CHRISTINAT, FRITZ O. P
8901 S.W. 150 PLACE CIRCLE
MIAMI FL 33196

Street Address (P.O. Box Number is Not Acceptable)

8230 COLLIER BLVD.

City **NAPLES** **FL** Zip Code **34114**

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. 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	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHRISTINAT, FRITZ O P			NAME			
STREET ADDRESS	8901 SW 150 PLACE CIR			STREET ADDRESS	11940 GLENWATRE DRIVE		
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP	CORAL SPRINGS FL. 33071		
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHRISTINAT, CAROL			NAME			
STREET ADDRESS	8901 SW 150 PLACE CIR			STREET ADDRESS	11940 GLENWATRE DRIVE		
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP	CORAL SPRINGS, FL. 33071		
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHRISTINAT, WALTER			NAME			
STREET ADDRESS	5200 CR 951			STREET ADDRESS	8230 COLLIER BLVD.		
CITY-ST-ZIP	NAPLES FL 34114			CITY-ST-ZIP	NAPLES, FL. 34114		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 like empowered.

SIGNATURE: **FRITZ CHRISTINAT** 03/20/02 775-4340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)