

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2001 8:00 am**  
**Secretary of State**

01-13-2001 90008 027 \*\*\*150.00

00003444



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P96000011366</b>			
1. Entity Name <b>QUAIL RUN RV SALES, INC.</b>			
Principal Place of Business <b>6946 OLD PASCO ROAD WESLEY CHAPEL FL 33544</b>		Mailing Address <b>6946 OLD PASCO ROAD WESLEY CHAPEL FL 33544</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>GILMORE, FRANK D 6946 OLD PASCO ROAD WESLEY CHAPEL FL 33544</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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) DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMORE, FRANK D	NAME	
STREET ADDRESS	6946 OLD PASCO ROAD	STREET ADDRESS	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, ANN M	NAME	
STREET ADDRESS	6946 OLD PASCO ROAD	STREET ADDRESS	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMORE, ELLEN W	NAME	
STREET ADDRESS	6946 OLD PASCO ROAD	STREET ADDRESS	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, CLEMENT E	NAME	
STREET ADDRESS	6946 OLD PASCO ROAD	STREET ADDRESS	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	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: <i>Ellen W. Gilmore</i> <b>Ellen W. Gilmore</b>		Date: <b>1-08-01</b> Daytime Phone #: <b>813-973-0999</b>	

CR2E034 (10/00)