## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P96000064274** Mar 23, 2000 8:00 am **Secretary of State** HIGHLAND PARK FISH CAMP, INC. 03-23-2000 90026 015 \*\*\*150.00 Mailing Address Principal Place of Business 2640 WEST HIGHLAND PARK ROAD 2640 WEST HIGHLAND PARK ROAD **DELAND FL 32720-3817** DELAND FL 32720 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City.& State 4. FEI Number City & State 59-3412505 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TEAL, MICHAEL S Street Address (P.O. Box Number is Not Acceptable) 114 WEST RICH AVENUE **DELAND FL 32720** Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition ☐ Delete TITLE TITLE RAWLINS, RICHARD E NAME NAME STREET ADDRESS STREET ADDRESS 2640 WEST HIGHLAND PARK ROAD CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32720 Addition ☐ Delete ☐ Change TITLE RAWLINS, RONALD L NAME 2640 WEST HIGHLAND PARK ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32720 ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIE Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR