

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000104475**

1. Entity Name

Travel Country RV Center, Inc. ✓

Principal Place of Business

Mailing Address

2. Principal Place of Business

530 FL Gateway Ctr. Blvd

Suite, Apt. #, etc.

3. Mailing Address

530 FL Gateway Ctr. Blvd

Suite, Apt. #, etc.

City & State
Lake City, FL

City & State
Lake City, FL

Zip
32024

Country
USA

Zip
32024

Country
USA

4. FEI Number

59-3412395

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Ronald K. Fleming
530 FL Gateway Ctr. Blvd
Lake City, FL 32024

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

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, 2001 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

TITLE PD
NAME Ison, Byrd K.
STREET ADDRESS 530 FL Gateway Ctr. Blvd
CITY-ST-ZIP Lake City, FL 32024 ☐ Delete

TITLE VD
NAME Fleming, Ronald
STREET ADDRESS 530 FL Gateway Ctr. Blvd
CITY-ST-ZIP Lake City, FL 32024 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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

Ronald K Fleming VP 4125101 (386) 753-3723

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90361 040 ***150.00

A0070810

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)