

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90082 033 ***150.00

DOCUMENT # P97000055053

1. Entity Name
CRESCENT LAKE CAMPERS, INC.

Principal Place of Business
**437 EAST MONROE STREET
SUITE 202
JACKSONVILLE FL 32202**

Mailing Address
**RT 3 BOX 182
SUITE 202
CRESCENT CITY FL 32112
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3464527**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

~~BROOKS, MICHAEL L~~
~~437 EAST MONROE STREET~~
~~SUITE 202~~
~~JACKSONVILLE FL 32202~~

Name **Connie Owens**
Street Address (P.O. Box Number is Not Acceptable)
228 Lakeshore Rd
City **Interlachen** FL Zip Code **32148**

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 *Connie Owens*

1-8-02

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, 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. V.P. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **CLOWERS, KENNETH**
STREET ADDRESS **R 3 BOX 182**
CITY-ST-ZIP **CRESCENT CITY FL 32112**

TITLE **V.P.** ☐ Change ☒ Addition
NAME **Ray A Owens**
STREET ADDRESS **130 Smith Lane**
CITY-ST-ZIP **Crescent City FL 32112**

TITLE **ST** ☒ Delete
NAME **HONEYCUTT, PAUL**
STREET ADDRESS **R 3 BOX 182**
CITY-ST-ZIP **CRESCENT CITY FL 32112**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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: *Connie Owens Sec.*

1-8-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)