

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**  
 02-21-2002 90116 029 \*\*\*150.00

**DOCUMENT # P97000077469**

1. Entity Name

**OUTDOOR RESORTS OF NAPLES, INC.**

Principal Place of Business

**2400 CRESTMOOR RD  
 SUITE 200  
 NASHVILLE TN 37215  
 US**

Mailing Address

**2400 CRESTMOOR RD  
 SUITE 200  
 NASHVILLE TN 37215  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1011441**

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

**PRICE, R S**

**2640 GOLDEN GATE PARKWAY**

**SUITE 315**

**NAPLES FL 34105**

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHOELLHORN, ROBERT A</b> <b>2400 CRESTMOOR DRIVE</b> <b>NASHVILLE TX 37215</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HENDERSON, E R JR</b> <b>2400 CRESTMOOR DRIVE</b> <b>NASHVILLE TX 37215</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GROSS, SHELDON J</b> <b>2400 CRESTMOOR DRIVE</b> <b>NASHVILLE TX 37215</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>PETTY, RONALD W</b> <b>2400 CRESTMOOR RD STE 200</b> <b>NASHVILLE TN 37215</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 W. Petty*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-29-02 615-244-5237**

CR2E034 (9/01)

*Attachment*



824172

#P97000077469

February 7, 2002

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: OUTDOOR RESORTS OF NAPLES, INC.

Dear Sir or Madam:

Enclosed please find the 2002 Uniform Business Report for the above-referenced matter. I have also enclosed a check made payable to the Florida Department of State in the amount of \$150, which covers the filing fee required for the Report.

Please record the report with your office and return a file-stamped copy back to me in the enclosed, self-addressed stamped envelope.

Thank you for your assistance.

Sincerely,  
OUTDOOR RESORTS OF NAPLES, INC.

Dawn F. Reed  
Executive Assistant

/dfr  
Enclosures

THE ULTIMATE IN RECREATIONAL VEHICLE RESORTS

2400 Crestmoor Road • Nashville, TN 37215 • 615-244-5237 • Fax 615-297-2039