

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000095579

1. Entity Name
ADVENTURE RV, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90012 045 ***150.00

Principal Place of Business
4571 CLARK RD.
SARASOTA FL 34233

Mailing Address
4571 CLARK RD.
SARASOTA FL 34233

643506



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5845 Palmer Blvd
Suite, Apt. #, etc.

3. Mailing Address
5845 Palmer Blvd
Suite, Apt. #, etc.

City & State
Sarasota, FL
Zip
34232
Country
USA

City & State
Sarasota, FL
Zip
34232
Country
USA

4. FEI Number 65-0793087
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COLE, R. JOHN II
46 N. WASHINGTON BLVD., STE. 24
SARASOTA FL 34236

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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME WILD, R JEFFREY
STREET ADDRESS 4571 CLARK ROAD
CITY-ST-ZIP SARASOTA FL 34233 ☐ Delete

TITLE P
NAME Wild, R Jeffrey
STREET ADDRESS 5845 Palmer Blvd
CITY-ST-ZIP Sarasota, FL 34232 ☒ Change ☐ Addition

TITLE VP
NAME WILD, W KATHERINE
STREET ADDRESS 4571 CLARK ROAD
CITY-ST-ZIP SARASOTA FL 34233 ☐ Delete

TITLE VP
NAME Wild, W Katherine
STREET ADDRESS 5845 Palmer Blvd
CITY-ST-ZIP Sarasota, FL 34232 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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: Katherine Wild VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-01 941-371-9418
Date Daytime Phone #

0409767

CR2E034 (10/00)