

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90182 028 \*\*\*150.00

0606781 AV

DOCUMENT # P98000028177

1. Entity Name  
BEE TREE RECREATION, INC.



Principal Place of Business  
803 FRENCH CREEK LANE  
FT. PIERCE FL 34982

Mailing Address  
803 FRENCH CREEK LANE  
FT. PIERCE FL 34982



2. Principal Place of Business  
801 French Creek Ln  
Suite, Apt. #, etc.

3. Mailing Address  
801 French Creek Ln  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
Ft. Pierce FL  
Zip 34982  
Country St. Lucie

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Ft. Pierce FL  
Zip 34982  
Country St. Lucie

4. FEI Number 65-0824851  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

EBNER, C. TRENT  
803 FRENCH CREEK LANE  
FT PIERCE FL 34982

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *C. Trent Ebner*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	EBNER, C. TRENT	
STREET ADDRESS	803 FRENCH CREEK LANE	
CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE	P	<input type="checkbox"/> Delete
NAME	TRUSS, DAVE	
STREET ADDRESS	801 FRENCH CREEK LANE	
CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID EBNER	
STREET ADDRESS	3135 So USH 1	
CITY-ST-ZIP	Ft. Pierce FL 34982	
TITLE	<del>Pres</del>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Sims	
STREET ADDRESS	1050 Colonial Rd	
CITY-ST-ZIP	Ft. Pierce FL 34950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dave Truss*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24  
Date

466 4509  
Daytime Phone #

CR2E034 (10/02)