

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083958

1. Entity Name

AWESOME R.V. RANCH, CORP.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90050 030 ***150.00

Principal Place of Business
6877 U.S. HIGHWAY 441 S.E.
OKEECHOBEE FL 34974

Mailing Address
6877 U.S. HIGHWAY 441 S.E.
OKEECHOBEE FL 34974

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0864684** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
SMITH, LAWRENCE W
6877 US HWY 441 E
OKEECHOBEE FL 34974

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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, LAWRENCE W		NAME		
STREET ADDRESS	6877 SE US 441		STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL 34974-9510		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, CORINNE J		NAME		
STREET ADDRESS	6877 SE US 441		STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL 34974-9510		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, LAWRENCE W II		NAME		
STREET ADDRESS	6877 SE US 441		STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL 34974-9510		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPISAK, EDWARD		NAME		
STREET ADDRESS	5602 SE 6 AVE		STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL 34974-9510		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Corinne J. Smith CORINNE J. SMITH 01-04-01 863-357-2423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0563146

CR2E034 (10/00)