

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000086970**

1. Entity Name

HOLIDAY R.V. CENTER, INC.**FILED****Jan 21, 2000 8:00 am**
Secretary of State

01-21-2000 90073 030 ***158.75

Principal Place of Business

**1112 US HWY 19
HOLIDAY FL 34691**

Mailing Address

**11807 LITTLE ROAD
NEW PORT RICHEY FL 34654-1012**

2. Principal Place of Business

6409 US Hwy 19

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

New Port Richey, FL

Zip

34654

Country

City & State

Zip

Country

4. FEI Number

59-3543445

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NGUYEN, THIN
2435 US 19 N
670
HOLIDAY FL 34691**

7. Name and Address of New Registered Agent

Name

Guglielmo, Joseph

Street Address (P.O. Box Number is Not Acceptable)

11807 Little Road

City

New Port Richey**FL**

Zip Code

34654

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)

1/14/2000

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, 2000 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

TITLE	P	<input type="checkbox"/> Delete
NAME	GUGLIELMO, JOSEPH	
STREET ADDRESS	4353 BRONCET CT.	
CITY-ST-ZIP	HUDSON FL 34657	

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	NGUYEN, THIN	
STREET ADDRESS	8105 MONTGOMERY CT.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	

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		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Craven, Steve M.	
STREET ADDRESS	107 Lakeside colony drive	
CITY-ST-ZIP	Tarpon Springs, FL 34689	

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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/2000

Date

727-697-0033

Daytime Phone #

CR2E034 (9/99)