

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000020909**

1. Entity Name

OUTDOOR RESORTS AT ST. LUCIE WEST, INC.



Principal Place of Business

**800 NW PEACOCK BLVD
PORT ST LUCIE FL 34986**

Mailing Address

**C/O OUTDOOR RESORTS OF AMERICA
2400 CRESTMOOR RD. STE. 200
NASHVILLE TN 37215**

2. Principal Place of Business

3. Mailing Address

9133 Coburg Industrial Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Coburg, OR

Zip

Country

Zip

97408

Country

USA

4. FEI Number

62-1773335

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CRARY, LAWRENCE E III
555 COLORADO AVENUE
STUART FL 34994**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

***After September 10, 2003 Fee will be \$750.00**

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 NAME STREET ADDRESS CITY-ST-ZIP	CEOD SCHOELLHORN, ROBERT A 2400 CRESTMOOR RD STE 200 NASHVILLE TN 37215	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HENDERSON, E. RANDALL JR 2400 CRESTMOOR RD STE 200 NASHVILLE TN 37215	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GROSS, SHELDON J 2400 CRESTMOOR RD STE 200 NASHVILLE TN 37215	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PETTY, RONALD W 2400 CRESTMOOR RD STE 200 NASHVILLE TN 37215	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES PETTY, RONALD W 9133 COBURG INDUSTRIAL WAY COBURG, OR 97408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO STAN PICKETT 9133 COBURG INDUSTRIAL WAY COBURG, OR 97408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-03

Date

541-343-9991

Daytime Phone #

0146692 AB

CR2E034 (4/03)