

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90232 011 ***158.75

DOCUMENT #P99000026830

1. Entity Name

**NATIONAL RECREATIONAL PROPERTIES OF
FLORIDA, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9 Goodyear

Suite, Apt. #, etc.

3. Mailing Address

9 Goodyear

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Irvine, California

City & State
Irvine, CA

4. FEI Number **582453770**

Applied For
Not Applicable

Zip **92618** Country **USA**

Zip **92618** Country **USA**

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Carl A. Bertoch, Attorney

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

7655 W. Gulf to Lake Hwy. #13

City

Crystal River

FL

Zip Code
34429

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)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
P/T
Jeffrey P. Frieden
9 Goodyear, Irvine CA 92618

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V/S
Robert D. Friedman
9 Goodyear
Irvine, CA 92618

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey P. Frieden, President

4/19/02 (949) 699-4273

Date

Daytime Phone #

CR2E034B (12/01)