

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 91174 004 ***150.00

0565718 AV

DOCUMENT # S06478

1. Entity Name

KISSIMMEE CAMPGROUNDS AND MOBILE HOME PARK, INC.

Principal Place of Business

**2643 ALLIGATOR LANE
KISSIMMEE FL 34746-2715**

Mailing Address

**2643 ALLIGATOR LANE
KISSIMMEE FL 34746-2715**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

1560 Loralyn Drive

Kissimmee FL

34744

USA

3. Mailing Address

Suite, Apt. #, etc.

1560 Loralyn Drive

Kissimmee FL

34744

USA

4. FEI Number

59-3035862

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SMYTHE, DAVID B.
2643 ALLIGATOR LANE
KISSIMMEE FL 34746**

7. Name and Address of New Registered Agent

Name

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

1560 Loralyn Drive

City

Kissimmee

FL

Zip Code

34744

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

3-27-02

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, 2002 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 **PD** ☐ Delete
NAME **SMYTHE, DAVID B.**
STREET ADDRESS **2643 ALLIGATOR LANE**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE **VTS** ☐ Delete
NAME **SMYTHE, CLAUDIA R.**
STREET ADDRESS **2643 ALLIGATOR LANE**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE **D** ☐ Delete
NAME **SMYTHE, CLAUDIA, R**
STREET ADDRESS **2643 ALLIGATOR LANE**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1560 Loralyn Drive**
CITY-ST-ZIP **Kissimmee FL 34744**

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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:

CLAUDIA R. SMYTHE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-02

Date

407-944-1448

Daytime Phone #

CR2E034 (9/01)