2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

LOT 195 DAVENPORT RV RESORT

S28045 **DOCUMENT #**

1. Entity Name

Principal Place of Business

LOT 195 DAVENPORT RV RESORT

DAVENPORT ESTATES ASSOCIATION, INC.



FILED Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90164 029 ***150.00

2900 POWERLINE RD.				2900 POWERLINE RD.							•			
HAINES CITY FL 33844			HAINE	HAINES CITY FL 33844										
2. Principal F	lace of Busine	ess /	3. Mail	ing Address		2.des							HANK BIRAN IRAN	
DAVE	NPORT	ESTATES	DAV	EN PORT	r Ri	194	梦.							
Suite, Apt.		0.5	Suite	e, Apt. #, etc.	L .	201	44	79	ПС	HECK HER	RE IF MAKIN	IG CHANGES	3	
1900 Powerline RD. 1900 Pour City & State					verline Kd 🙀									
HAINES CITY FLA			HAII	HAINES CITY			7	4. FEI N	umber 59	305691	7		opplied For lot Applicable	
33844 Country POLK				33844 Po				5. Certifi	5. Certificate of Status Desired See Required Fee Required					
6. Name and Address of Current Registered Agent								7. Name	and Addre	ess of New	/ Registered	Agent		
CIDDVAN	CALLV				İ	Name			,					
		DV DECOUT	-		-	Street A	ddress (F	P.O. Box Nu	umber is No	ot Acceptat	ole)		~ <u> </u>	
		RV RESORT												
3	VERLINE ROA													
. HAINES U	CITY FL 3384	4				City					F	L Zip Co	de	
8. The above the obligat	e named entity tions of registe	submits this statement for	r the purpo	ose of changing its	registere	d office or	r registere	ed agent, o	or both, in th	ne State of F	Florida. † an	n familiar with	, and accept	
J	(Y.	100 8 (V	b' D	lead is										
SIGNATURE .	Signature, typed or	r printed name of registered agent a	and title if appli	card (NOT	: Registered	Agent signate	ure required	when reinstatin	ig)	·····	DATE			
	TE NOWIU	FEE IS \$150.00	<u>-</u>					<u> </u>						
		Fee will be \$550.00						9		Campaign f			00 May Be	
		Florida Department of	State						łrust Fun	id Contribut	tion.	☐ Adde	d to Fees	
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NAME	STICKLES,	WALTER H.	DIRECTOR		TITLE NAME		SD			• .				
	STICKLES,	Walter H. Erline RD #196	DIRECTOR		TITLE NAME STREE	T ADDRESS ST-ZIP	SD EAK 2984			CHAR LE RA				
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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:

Daytime Phone #