2003 FOR PROFIT CORPORATION

Secretary of State UNIFORM BUSINESS REPORT (UBR) S43176 04-28-2003 90492 015 ***150 00 **DOCUMENT #** 1. Entity Name LAKE OKLAWAHA R.V. RESORT, INC. Principal Place of Business 55641600 Mailing Address P.O. BOX 2010 P.O. BOX 2010 FT, MCCOY FL 32134 FT. MCCOY FL 32134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 59-3060102 City & State City & State Applied For Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Nov Registered Agent 6. Name and Address of Current Registered Agent Name LAUNDEANE, JACQUELINE Street Address (P.O. Box Number is Not Acceptable) 16970 N.E. 243RD ST. RD. P. C. HERSON FT. MCCOY FL 32134 . -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 tide if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ,10. 11. (10/02)TITLE Delete ☐ Addition TITLE WILSON, CHARLES H. NAME MAME 8373 SAND POINTE BLVD. STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP CITY-ST-ZIP DVP ☐ Addition TITLE ☐ Delete TITLE LAUNDEANE, EDDIE NAME NAME 16970 NE 243RD ST. RD. STREET ADDRESS STREET ADDRESS FT. MCCOY FL CITY-ST-ZIP CITY-ST-ZIP me Delete. TITLE . . Change . _ _ Addition LAUNDEANE, JACQUELINE NAME NAME 16970 NE 243RD ST. RD. STREET ADDRESS STREET ADDRESS FT. MCCOY FL CITY - ST- ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change → ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

acqueline | Laundeane | Corporate Secretary

SIGNATURE:

FILED May 19, 2003 8:00 am

(352)546-5500

4/24/03



55041600 +543176

FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

May 6, 2003

LAKE OKLAWAHA R.V. RESORT, INC. P.O. BOX 2010 FT, MCCOY, FL 32134

Subject: LAKE OKLAWAHA R.V. RESORT, INC.

Reference Number:

S43176__

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The registered agent must have a Florida street address.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/SL
ANNUAL REPORTS SECTION

5/13/03
As per my telephone Conversation, I scratched
As per my telephone Conversation, I scratched
off the Po Box 60 on the attached UBR. Please
note the Florida address is already on the
form.

Jacqueline Jaundeane
Jacqueline Jaundeane