

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 579359

1. Entity Name

CAMELOT R.V. PARK, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90080 048 ***150.00

Principal Place of Business

Mailing Address

MALABAR, FL
 1600 US #1
 MALABAR FL 32950
 US

1600 U S HWY 1
 P O BOX 500205
 MALABAR FL 32950-0205



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1838219**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RITTER, ROBERT J.
 1630 US HWY 1
 PO BOX 205
 MALABAR FL 32950

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.

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DS	<input type="checkbox"/> Delete
NAME	RITTER, JOHN M	
STREET ADDRESS	2554 N PALM DRIVE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	D	<input type="checkbox"/> Delete
NAME	RITTER, ROBERT J.	
STREET ADDRESS	1630 US HWY 1	
CITY-ST-ZIP	MALABAR FL 32950	
TITLE	DP	<input type="checkbox"/> Delete
NAME	RITTER, ROBERT J. JR	
STREET ADDRESS	1600 U S HWY 1	
CITY-ST-ZIP	MALABAR FL 32950	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RITTER, MARTHA ELIZABE	
STREET ADDRESS	7432 SW 53 CT	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	T	<input type="checkbox"/> Delete
NAME	RITTER ELIZABETH BINA	
STREET ADDRESS	1600 US HWY 1	
CITY-ST-ZIP	MALABAR FL 32950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1600 US Hwy 1	
CITY-ST-ZIP	Malabar, FL 32950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	350 Camelot Circle	
CITY-ST-ZIP	Malabar, FL 32950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	350 Camelot Circle	
CITY-ST-ZIP	Malabar, FL 32950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Robert J. Ritter **1/20/2000** (321) 724 5396
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #