

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90088 009 \*\*\*\*61.25

**DOCUMENT # N18907**

1. Entity Name

**OUTDOOR RESORTS RIVER RANCH RV RESORT PROPERTY O**

Principal Place of Business

Mailing Address

24700 HWY 60. EAST. MUSTANG CENTER  
 P.O. BOX 30529  
 RIVER RANCH FL 33867

24700 HWY 60. EAST. MUSTANG CENTER  
 P.O. BOX 30529  
 RIVER RANCH FL 33867-0529

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1833415

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RHODES, THOMAS C  
 21 TROPICANA DR  
 P O BOX 7162  
 INDIAN LAKE ESTATE FL 33855

Name **RHODES THOMAS C.**  
 Street Address (P.O. Box Number is Not Acceptable)

**708 BOUGANVILLEA DR P.O. Box 7162**

City **INDIAN LAKE ESTATES FL** Zip Code **33855**

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 *Thomas C. Rhodes* **THOMAS C. RHODES, MANAGER** **3-24-2000**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **D STEVENS, ELLIS**  
 STREET ADDRESS **3424 GLEN HAVEN**  
 CITY-ST-ZIP **MIDWEST CITY OK 73110**

TITLE  Change  Addition  
 NAME **V. PRES**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **P WOLF, RICHARD**  
 STREET ADDRESS **3590 ROUNDBOTTOM ROAD, STE F164009**  
 CITY-ST-ZIP **CINCINNATI OH 45244**

TITLE  Change  Addition  
 NAME **T LARRY FRANK**  
 STREET ADDRESS **317 Saddlebrook**  
 CITY-ST-ZIP **INDIANA, PA 15701**

TITLE  Delete  
 NAME **V CRATER, STANLEY**  
 STREET ADDRESS **4781 CLUBHOUSE TRAIL**  
 CITY-ST-ZIP **GAYLORD MI 49735**

TITLE  Change  Addition  
 NAME **S RAY BOYLES**  
 STREET ADDRESS **779 E. ISLAND CAUSWAY 1170**  
 CITY-ST-ZIP **MERRITT ISLAND, FL 32952**

TITLE  Delete  
 NAME **S PETERSON, KARL**  
 STREET ADDRESS **BOX 1238**  
 CITY-ST-ZIP **EAST ORLEANS MA 02643**

TITLE  Change  Addition  
 NAME **D**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T BECK, RICHARD**  
 STREET ADDRESS **5225 S. WESTERN AVE**  
 CITY-ST-ZIP **MARION IL 46953**

TITLE  Change  Addition  
 NAME **P Richard W. Beck**  
 STREET ADDRESS **229 Stahlion LN**  
 CITY-ST-ZIP **P O Box 30315 River Ranch FL 33867**

TITLE  Delete  
 NAME **D HALL, DONALD K**  
 STREET ADDRESS **3590 ROUNDBOTTOM ROAD, STE F16966**  
 CITY-ST-ZIP **TIMONIUM MD 45244**

TITLE  Change  Addition  
 NAME **AL BLACKWELL**  
 STREET ADDRESS **12657 TAMIAHI TRAIL**  
 CITY-ST-ZIP **PIUNTA GORDA, FL 33955**

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 617, 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: *Richard W. Beck* **Richard W. Beck pres** **3-24-00** **863 692 2704**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)