

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 07, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # N18907**

1. Entity Name  
**OUTDOOR RESORTS RIVER RANCH RV RESORT PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business 24700 HWY 60, EAST, MUSTANG CENTER P.O. BOX 30529 RIVER RANCH FL 33867	Mailing Address 24700 HWY 60, EAST, MUSTANG CENTER P.O. BOX 30529 RIVER RANCH FL 33867
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEI Number  
**58-1833415**

Applied For	Not Applicable
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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**

**RHODES THOMAS C**  
 708 BOUGANVILLEA 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 7236  
 City  
**INDIAN LAKE ESTATE 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** **03/07/2001**  
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 NAME STREET ADDRESS CITY-ST-ZIP	D BLACKWELL AL 12657 TAMIAMI TRL PUNTA GORDA FL 33955	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BECK RICHARD 229 STALLION LN- P O BOX 30315 RIVER RANCH FL 33867	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON KARL BOX 1238 EAST ORLEANS MA 02643	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOYLES RAY 779 E. ISLAND CSWY 1170 MERRITT ISLAND FL 32952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRANK LARRY 317 SADDLEBROOK INDIANA PA 15701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEVENS ELLIS 3424 GLEN HAVEN MIDWEST CITY OK 73110	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHULTZ ROBERT 2115 BIRDWOOD CIRCLE CORINTH TX 76210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRANK LARRY 317 SADDLEBROOK INDIANA PA 15701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEVENS ELLIS L 3424 GLEN HAVEN MIDWEST CITY OK 73110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Ellis E. Stevens** P **03/07/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)

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**DON SIMMONS - D**  
**3772 UNION ST**

**LAFAYETTE, IN 47905**