,	ORIGINAL 030435-TC	CK 720/679
1.	Name of company or name of individual (not fictitious name or d/b/a): THOUSAND TRAILS	#100.00 MC
2.	Name under which applicant will do business (fictitious name, etc.): <u>THOUSAND</u> $TRA(LS - ORLANDO$	
3.	Official mailing address: Street: <u>3801 PARKWOD BLUD.</u>	-
	P.O. Box: 2529 City: $F_{R,sco}$ State: $T_{C,xAS}$ Zip: 75034	_
4.	Florida address: Street: $2/10$ U.S. $1/\omega\gamma$. 27 South P.O. Box: City: $CLERMONT$ State: FL Zip: 34711	
5.	Structure of organization: () Individual () Individual Check received with filing and to to to Fiscal to the fiscal to the deposit information to Records. () General Partnership () Limited Partnership () Other:	
IVIIVIORemut	If incorporated in Florida, provide proof of authority to operate in Florida: Florida Secretary of State Corporate Registration Number: PSC/CMU-32 (02/99) red by Commission Rule Nos. 25-24.510 & 25-24.88 : II WV 6- AVW E0 Name: cmu-32.doc Walle Signature U 4 2 9 7 H	2 2711 - 2 AT (1

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