## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 11, 2001 8:00 am **DOCUMENT # 381221** Secretary of State 1. Entity Name GEORGETOWNE MOBILE MANOR, INC. 05-11-2001 90302 031 \*\*\*150.00 Principal Place of Business Mailing Address 2115 RANGE RD 2115 RANGE RD CLEARWATER FL 33765 CLEARWATER FL 33765 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1350028 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PIPER, WALTER J. -Street Address (P.O. Box Number is Not Acceptable) 2115 RANGE RD **CLEARWATER FL 33765** City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) PTD Change ☐ Addition TITLE ☐ Delete TITL F REEVES, LEONARD NAME NAME STREET ADDRESS STREET ADDRESS 24 DD STREET CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33815 ☐ Change ☐ Addition TITLE Delete TITLE PIPER, WALTER, J NAME NAME STREET ADDRESS STREET ADDRESS 1948 BELLEAIR CITY-ST-7IP CITY-ST-ZIP **CLEARWATER FL 33764** ☐ Change ☐ Addition Delete TITLE TITLE WILDER, SUZANNE P NAME -- --NAME STREET ADDRESS 1338 PRESERVATION WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OLDSMAR FL 34677 ☐ Addition TITLE ☐ Delete ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 a supplemental report with a su

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2001 (727)447-032=