

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**  
 04-03-2001 90107 035 \*\*\*\*70.00

0001029

**DOCUMENT # 703416**

1. Entity Name

**FLORIDA MANUFACTURED HOUSING ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**2958 WELLINGTON CR NORTH  
 100  
 TALLAHASSEE FL 32308  
 US**

**2958 WELLINGTON CR NORTH  
 100  
 TALLAHASSEE FL 32308  
 US**

**CU040966**



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

**59-0691506**

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

**WILLIAMS, FRANK  
 5333 PEMBRIDGE PLACE  
 TALLAHASSEE FL 32308**

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

**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 **SD** ☐ Delete  
 NAME **ROP, DANIEL N**  
 STREET ADDRESS **4300 S. PINE AVE.**  
 CITY-ST-ZIP **OCALA FL**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☒ Delete  
 NAME **YOUNG, ROBERT**  
 STREET ADDRESS **5600 US 98 NORTH #7**  
 CITY-ST-ZIP **LAKELAND FL**

TITLE **VPD** ☐ Change ☒ Addition  
 NAME **Dave Huey**  
 STREET ADDRESS **5003 Brittany Dr. South, Suite 4**  
 CITY-ST-ZIP **St. Petersburg, FL 33715**

TITLE **TD** ☐ Delete  
 NAME **PARNELL, POLIE**  
 STREET ADDRESS **4010 WEST BOY SCOUT BLVD., STE.500**  
 CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **PD** ☐ Delete  
 NAME **DICK LEITER**  
 STREET ADDRESS **478 CHICKADEE CT**  
 CITY-ST-ZIP **PLANT CITY FL**

TITLE **D** ☒ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS **10045 Cherry Hills Ave. East**  
 CITY-ST-ZIP **Bradenton, FL 34202**

TITLE **VPD** ☐ Delete  
 NAME **SCHRADER, DENNIS**  
 STREET ADDRESS **P.O. BOX 368 N/A**  
 CITY-ST-ZIP **SAFETY HARBOR FL**

TITLE **PD** ☒ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☒ Delete  
 NAME **WILLIAM MCNATT**  
 STREET ADDRESS **12210 HWY. 301 SOUTH**  
 CITY-ST-ZIP **DADE CITY FL 33525**

TITLE **ATM** ☐ Change ☒ Addition  
 NAME **N. Frank Williams**  
 STREET ADDRESS **2958 Wellington Circle North, Suite 100**  
 CITY-ST-ZIP **Tallahassee, FL 32398**

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: N. Frank Williams**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-30-01**

Date

**(850) 907-9111**

Daytime Phone #

CR2E037 (10/00)