

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767483

1. Entity Name

EMBASSY MOBILE HOME PARK ASSOCIATION OF PINELLAS

FILED

Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90485 007 ****61.25

Principal Place of Business

EMBASSY MOBILE HOME PARK
16416 US 19 N STE1800
CLEAR WATER FL 34624
US

Mailing Address

16416 US HWY 19 N
SUITE 1800
CLEARWATER FL 33764
US

00000109



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

59-2276196

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

WOODROOF, NEDRA J
16416 US HWY 19 NO
SUITE ~~1223~~ 739
CLEARWATER FL 33764

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 NAME STREET ADDRESS CITY-ST-ZIP | P MACKINNONN, JOHN 16416 US HWY. 19 N., SUITE 828 449 CLEARWATER FL 34624 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MEYERING, JAMES 16416 US HWY. 19 N., SUITE 448 1900 CLEARWATER FL 34624 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST WOODROOF, NEDRA 16416 US HWY 19 NO SUITE 1223 739 CLEARWATER FL 33764 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HAZLETT, THERESA 16416 US HWY 19 NO SUITE 1223 717 CLEARWATER FL 33764 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WHOLEY, RICHARD 16416 US HWY 19 NO SUITE 1223 CLEARWATER FL 33764 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PRESTON, NORA A 16416 US HWY 19 NO SUITE 731 CLEARWATER FL 33760 | <input checked="" 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 | | <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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SMITH, JUNE 16416 US 19 No. # 922 CLEARWATER, FL 33764 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WICKHAM, ANGIE 16416 US 19 No. # 812 CLEARWATER, FL 33764 | <input type="checkbox"/> Change <input checked="" 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)(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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/01 (727) 538-9507
Date Daytime Phone #

CR2E037 (10/00)