

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90326 016 \*\*\*150.00

**DOCUMENT # H24749**

1. Entity Name  
**FLEETWOOD FUNDING CORPORATION**

Principal Place of Business <b>1905 NO. PINE ISLAND ROAD          PLANTATION FL 33322          US</b>	Mailing Address <b>1905 NO. PINE ISLAND ROAD          PLANTATION FL 33322          US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	Zip	Country
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4. FEI Number **59-2454794** Applied For   
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**KOSBERG, HARVEY  
 7930 N.W. 6TH CT.  
 PLANTATION FL 33324**

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**  Delete **12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**  Change  Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST</b> <b>KOSBERG, HARVEY</b> <b>1905 NO. PINE ISLAND ROAD</b> <b>PLANTATION FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KOSBERG, HARVEY</b> <b>1905 NO. PINE ISLAND ROAD</b> <b>PLANTATION FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 an address, with all other like empowered.

SIGNATURE: Harvey Kosberg **HARVEY KOSBERG** 2/28/01 754/475-0500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPE034 (10/00)