

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90017 008 ****61.25

DOCUMENT # N09075

1. Entity Name

FRANCIS #2 MOBILE PARK INC.

Principal Place of Business

2800 REAL MCCOY DRIVE
 SEBRING FL 33870

Mailing Address

2800 REAL MCCOY DRIVE
 SEBRING FL 33870

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2650329

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PHILLIP W. STATLER
 1119 U.S. HIGHWAY 27 SOUTH
 SEBRING FL 33870

7. Name and Address of New Registered Agent

Name **Phillip W Statler**

Street Address (P.O. Box Number is Not Acceptable)

3531 US 27 South

City

Sebring

FL

Zip Code

33870

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

7/12/00

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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

TITLE	D	<input type="checkbox"/> Delete
NAME	WELBY, KAREN	
STREET ADDRESS	3133 SAN FRANCISCO LANE	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	V	<input type="checkbox"/> Delete
NAME	DAJOE, PHILLIP	
STREET ADDRESS	3104 LAS VEGAS BLVD.	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROUSE, DONALD	
STREET ADDRESS	3104 LAS VEGAS BLVD	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GROBEY, MARY	
STREET ADDRESS	3028 LAS VEGAS BLVD	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PRICE, WALTER	
STREET ADDRESS	3229 PARADISE PATH	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIERDORFF, FLOYD	
STREET ADDRESS	3126 SAN FRANCISCO LANE	
CITY-ST-ZIP	SEBRING FL 33870	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DeJOE - Josie	
STREET ADDRESS	3104 Las Vegas Blvd	
CITY-ST-ZIP	Sebring FL 33870	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 of Floyd Dierdorff
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Floyd Dierdorff
 Date **7/13/00**
 Daytime Phone #

CR2E037 (5/00)